

Chelan County Regional Justice Center

Chelan County Regional Justice Center Custody Manual

MISSION

Chelan County Regional Justice Center's Mission

To protect the rights and safety of our community, resident inmates and staff through effective correctional programs, strategies, operations and partnerships

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PHILOSOPHY AND GOALS

Chelan County Regional Justice Center's Vision

To be a premier correctional facility, operating at the highest standard of professional excellence.

Chelan County Regional Justice Center's Values

Integrity, Accountability, Respect, Teamwork, Professionalism

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CODE OF ETHICS

My fundamental duty is to serve the community; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation and the peaceful against violence or disorder; and to respect the constitutional rights of all to liberty, equality and justice.

I will keep my private life unsullied as an example to all and will behave in a manner that does not bring discredit to me or to my agency. I will maintain courageous calm in the face of danger, scorn or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed both in my personal and official life, I will be exemplary in obeying the law and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, political beliefs, aspirations, animosities or friendships to influence my decisions. With no compromise for crime, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of criminal justice service. I will never engage in acts of corruption or bribery, nor will I condone such acts by other officers. I will cooperate with all legally authorized agencies and their representatives in the pursuit of justice.

I know that I alone am responsible for my own standard of professional performance and will take every reasonable opportunity to enhance and improve my level of knowledge and competence.

I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession.

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Chapter 1 - Role and Authority

Organizational Structure and Responsibility

100.1 PURPOSE AND SCOPE

The organizational structure of the Department is designed to create an efficient means to accomplish its mission and goals and to provide for the best possible service to the public.

100.2 DIVISIONAL RESPONSIBILITY

The Director is responsible for administering and managing the Department. There are two divisions in the Department:

- Administration Division
- Operations Division

100.2.1 ADMINISTRATION DIVISION

The Administration Division is commanded by a Chief Deputy, whose primary responsibility is to provide general management direction and control for the Administration Division. The Administration Division consists of Administrative, Personnel Services, Training Services, Food Services, Investigations, Programs, Facility Infrastructure, Maintenance, Fleet Services, and Procurement/Warehouse Services.

100.2.2 OPERATIONS DIVISION

The Operations Division is commanded by a Chief Deputy, whose primary responsibility is to provide general management direction and control for the Jail. The Operations Division consists of Custody Operations, which includes Security Section, Medical/Mental Health Services, Classification, Courts and Transportation.

100.3 CHAIN OF COMMAND

The chain of command of the Department begins with the Director, to whom all employees of the Department are responsible. During planned absences the Director will designate a Chief Deputy to serve as the acting Director.

To maintain continuity, order and effectiveness in the Department, a chain of command has been established and should be respected. All staff members should adhere to the chain of command in all official actions. However, nothing shall prohibit a staff member from initiating immediate action outside of the chain of command if it is necessitated by a complaint of an unlawful or conflicting order, discrimination, sexual harassment, gross malfeasance or a violation of the law.

100.3.1 SUCCESSION OF COMMAND

The Director exercises command over all personnel in the Department. During planned absences the Director will designate a Chief Deputy to serve as the acting Director.

Except when designated as above, the order of command authority in the absence or unavailability of the Director is as follows:

- (a) Operations Chief Deputy

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Organizational Structure and Responsibility

- (b) Administration Chief Deputy
- (c) Sergeant

100.4 UNITY OF COMMAND

The principles of unity of command ensure efficient supervision and control within the Department. Generally, each employee shall be accountable to one supervisor at any time for a given assignment or responsibility. Except where specifically delegated authority may exist by policy or special assignment (e.g., Canine, Search or Emergency Response Teams), any supervisor may temporarily direct any subordinate if an operational necessity exists.

Authority and Legal Assistance

101.1 PURPOSE AND SCOPE

This policy acknowledges and reflects the legal authority under which the Chelan County Regional Justice Center shall operate and maintain a county detention facility in this state. In addition to the authority vested by state law, the jail operates in accordance with these laws, constitutional mandates, regulations and local ordinances (RCW 70.48.180 and RCW 70.48.190).

101.2 POLICY

It is the policy of this Department that the county detention facility will be maintained by all lawful means for the incarceration of persons suspected of violating the law or who have been adjudicated as guilty of committing a crime or civil offense by a competent legal authority, as prescribed by law.

101.3 LEGAL FOUNDATION

Jail staff, at every level must have an understanding and true appreciation of their authority and limitations in the operation of a county detention facility. The Chelan County Regional Justice Center recognizes and respects the value of all human life and the expectation of dignity without prejudice toward anyone.

101.4 LEGAL ASSISTANCE

The following are examples of areas where the services of the County Attorney and legal specialists can be of benefit to the Department:

- (a) Analyze and alert the jail Director and management team to jail-related case law.
- (b) Serve as a legal consultant in the construction and review of new jail policies and procedures.
- (c) Serve as a legal consultant on issues related, but not limited to the following:
 - 1. Use of force
 - 2. Faith-based requests
 - 3. Complaints and grievances
 - 4. Allegations against staff
 - 5. Public Records Request
- (d) Serve as legal counsel in legal matters brought against this department and the Director.

Annual Review and Performance-Based Goals and Objectives

102.1 PURPOSE AND SCOPE

The Chelan County Regional Justice Center is dedicated to the concept of continuous improvement in the services provided on behalf of the public and in accordance with applicable laws, regulations and best practices in the operation of this facility. This policy establishes minimum review criteria to measure and evaluate the success of achieving established goals and objectives.

102.2 POLICY

The Chelan County Regional Justice Center shall strive to continually improve the operation of its facilities to ensure they are safe, humane and protect inmates' constitutional and statutory rights. The Department shall conduct an annual review to evaluate its progress in meeting stated goals and objectives.

102.3 ANNUAL REVIEW

The management team will conduct an annual management review of minimally:

- (a) Statutory, regulatory and other requirements applicable to the operation of the facility.
- (b) Lawsuits and/or court orders/consent decrees.
- (c) Department policies, procedures, directives and post orders that guide the operation of the facility.
- (d) Fiscal operations and accounting procedures.
- (e) Personnel issues/actions that include, but are not limited to, on-the-job injuries, use of force events, internal investigations, employee grievances, employee discipline, selection and recruitment.
- (f) Compliance with internal/external inspections of the facility.
- (g) Condition of the physical plant, infrastructure and maintenance efforts.
- (h) Cleanliness of the facility.
- (i) Security issues that include:
 - 1. Inmate-on-inmate assaults
 - 2. Inmate-on-staff assaults
 - 3. Major disturbances
 - 4. Deaths in custody (natural/suicide/homicide/accidents)
 - 5. Suicide attempts
- (j) Inmate programs including:
 - 1. Education

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Annual Review and Performance-Based Goals and Objectives

2. Commissary
3. Drug and alcohol programs
4. Faith-based services
5. Work Release and Electronic Home Monitoring

102.4 CRITERIA TO MEASURE PERFORMANCE

The following items will be used to measure and evaluate the level of success in achieving the department's stated goals:

- (a) Fiscal year budget surpluses or successful operations even with budget reductions
- (b) Findings from independent financial audits
- (c) Inmate grievances
- (d) Documentation that department investigators have completed the required specialized training in conducting sexual abuse investigations (28 CFR 115.34)
- (e) Documented training hours received by staff
- (f) Completed audits of the policy and procedures manuals

102.5 MANAGEMENT REVIEW PROCESS

The management team may employ several methods to assess performance, including the following:

- (a) **Performance analysis** - Performance analysis attempts to discover discrepancies between the expected and actual levels of performance. This analysis should focus on whether the practices in this facility are meeting the mission of the Department and whether department policies and procedures are in alignment with statutes, regulations and court orders.
- (b) **One-to-one interviews** - Scheduled interviews with custody staff held in private to encourage candid responses, to help identify issues or conditions that should be targeted for review or correction.
- (c) **Questionnaires** - Questionnaires may be used as a group method to solicit suggestions and information about what operations are in need of adjustment or where program resources should be directed.
- (d) **Staff debriefing** - Staff should be periodically debriefed, especially after an emergency operation or incident, to identify aspects of facility operations that may need to be addressed by the Director and supervisors.
- (e) **Inspection findings** - The Department is subject to a variety of administrative inspections (standard-setting authorities, command staff,, jail advocates). These annual inspections should be used to identify ongoing issues in the operation of this facility.

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Annual Review and Performance-Based Goals and Objectives

102.6 MANAGEMENT REVIEW RESULTS

To the extent reasonably practicable the individuals responsible for the development of a management review should follow the guidelines established in the Administrative Communications Policy and Annual Facility Inspection Policy to document and support the findings.

The results of management reviews should be used in the ongoing process of continuous improvement. They should be used to direct changes in the operation of this facility or to identify successful operations that might be replicated in other areas of the facility. They should not, however, include specific identifying information of incidents or involved individuals.

102.7 AVAILABILITY OF WRITTEN GOALS AND OBJECTIVES

Administration should ensure that the written goals and objectives of the department are available to all personnel.

Custody Manual

103.1 PURPOSE AND SCOPE

The Custody Manual is a statement of the current policies, rules, and guidelines of this department's jail. All prior and existing manuals, orders, and regulations that are in conflict with this manual are revoked, except to the extent that portions of existing manuals, orders, and other regulations that have not been included herein shall remain in effect where they do not conflict with the provisions of this manual.

Except where otherwise expressly stated, the provisions of this manual shall be considered guidelines. It is recognized, however, that work in the custody environment is not always predictable, and circumstances may arise that warrant departure from these guidelines. It is the intent of this manual to be viewed from an objective standard, taking into consideration the sound discretion entrusted to members of this department under the circumstances reasonably known to them at the time of any incident.

103.2 POLICY

The manual of the Chelan County Regional Justice Center jail is hereby established and shall be referred to as the Custody Manual. All members are to conform to the provisions of this manual.

103.2.1 DISCLAIMER

The provisions contained in the Custody Manual are not intended to create an employment contract nor any employment rights or entitlements. The policies contained within this manual are for the internal use of the Chelan County Regional Justice Center and shall not be construed to create a higher standard or duty of care for civil or criminal liability against the county, its officials or members. Violations of any provision of any policy contained within this manual shall only form the basis for department administrative action, training or discipline. The Chelan County Regional Justice Center reserves the right to revise any policy content, in whole or in part.

103.3 RESPONSIBILITIES

The Director shall be considered the ultimate authority for the provisions of this manual and shall continue to issue Directives which shall modify the provisions to which they pertain. Directives shall remain in effect until such time as they may be permanently incorporated into the manual.

The Director shall ensure that the Custody Manual is reviewed annually, updated whenever necessary, and staff trained accordingly to ensure that the policies in the manual are current and reflect the mission of the Chelan County Regional Justice Center. The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes (RCW 70.48.071).

103.3.1 COMMAND STAFF

The command staff should consist of the following:

- Director

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- Chief Deputy of Operations
- Chief Deputy of Administration

103.3.2 OTHER PERSONNEL

Line and supervisory staff have a unique view of how policies and procedures influence the operation of the facility and therefore are expected to bring to the attention of their supervisors issues that might be addressed in a new or revised policy.

All members suggesting revision of the contents of the Custody Manual should forward their suggestions, in writing, through the chain of command, to the Director, who will consider the recommendation.

103.4 DEFINITIONS

The following words and terms shall have these assigned meanings, unless it is apparent from the content that they have a different meaning:

Department - The Chelan County Regional Justice Center.

Custody Manual - The Department Custody Manual.

Employee - Any person employed by the Department.

May - Indicates a permissive, discretionary or conditional action.

Member - Any person employed or appointed by the Chelan County Regional Justice Center including:

- Full- and part-time employees.
- Deputies
- Civilian employees.
- Volunteers.

Deputy - All persons, regardless of rank, who are employees and who are selected and trained in accordance with state law as deputies of the Chelan County Regional Justice Center.

On-duty employee - Status during the period when he/she is actually engaged in the performance of his/her assigned duties.

Order - A written or verbal instruction issued by a superior.

Rank - The job classification title held by a deputy.

Shall or will - Indicates a mandatory action.

Should - Indicates a generally required or expected action, absent a rational basis for failing to conform.

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103.5 DISTRIBUTION OF MANUAL

Copies of the Custody Manual shall be made available to all members. An electronic version of the Custody Manual will be made available to all members using the Lexipol icon on your desktop.

No changes shall be made to the electronic version without authorization from the Director.

103.6 MANUAL ACCEPTANCE

As a condition of employment, all members are required to read and obtain necessary clarification of this department's policies. All members are required to sign a statement of receipt acknowledging that they have received a copy or have been provided access to the Custody Manual.

103.7 REVISIONS TO POLICIES

All members are responsible for keeping abreast of all Custody Manual revisions. The Professional Services Sergeant will forward revisions to the Custody Manual as needed to all personnel via electronic mail. Each member shall acknowledge receipt by online acknowledgement, review the revisions and seek clarification as needed.

Each supervisor will ensure that members under his/her command are familiar with and understand all revisions.

Administrative Communications

104.1 PURPOSE AND SCOPE

Effective communications within the Department are critical to the accomplishment of the mission of the Department and the effective operation of the jail. Administrative communications of this department are governed by the following policy.

104.2 POLICY

The Chelan County Regional Justice Center will appropriately communicate significant events within the organization to its members. Both electronic and non-electronic administrative communications will be professional in appearance and comply with the established letterhead, signature and disclaimer guidelines, as applicable.

104.3 CORRESPONDENCE

All department correspondence is to be written in a clear, concise manner, consistent with the report formats and guidelines prescribed in this policy and reflecting the highest possible quality in organization, grammar, punctuation and spelling.

All external correspondence shall be on Department letterhead. All Department letterhead, including all digital facsimiles of the letterhead, shall bear the signature element of the Director or the authorized designee. Personnel should use Department letterhead only for official business and with the approval of their supervisors.

104.4 COMPLETED STAFF WORK

All staff reports (e.g., reports assigned to a specific person for the purpose of responding to a problem or issue) shall incorporate the principle of "completed staff work," which requires the person to whom a task has been delegated to complete and document the delegated work to such an extent that the only thing left for the decision-maker to do is to approve or decline to approve the recommendation. Staff reports that only point out weaknesses or merely suggest needed actions are not completed staff work and are not acceptable.

The writer of the staff report should document the efforts made to have the report reviewed by or acted upon by those individuals representing work units or other entities likely to be affected by any proposed changes.

Directives

105.1 PURPOSE AND SCOPE

Directives establish a communication practice that may be used by the Director to make immediate changes to policy and procedure in accordance with and as permitted by statutes, regulations or negotiated contracts. Directives will immediately modify or change and supersede the sections of this manual to which they pertain.

105.2 DIRECTIVES PROTOCOL

Directives will be incorporated into the manual as required upon approval of the Director. Directives will modify existing policies or create a new policy as appropriate. The previous policy will be rescinded upon incorporation of the new or updated policy into the manual.

Any Directive issued after publication of the manual should be numbered consecutively, starting with the last two digits of the year, followed by the number "01" as in yy-01.

105.3 RESPONSIBILITIES

105.3.1 DIRECTOR

The Director, with the assistance of department staff, shall issue and be responsible for all Directives, including their publication and dissemination throughout the Department.

105.3.2 MANAGERS AND SUPERVISORS

Managers and supervisors are responsible for ensuring that staff under their command receive training on all new Directives.

Training documentation shall be placed into the supervisor's file or the employee's training file.

Facility Inspection

106.1 PURPOSE AND SCOPE

Facility inspections are the collections of data designed to assist administrators, managers and supervisors in the management of the custody facility by means of establishing a systematic inspection and review of its operation. This policy provides guidelines for conducting facility inspections.

106.1.1 POLICY

This department may use a formal inspection process of its facility to ensure that practices and operations are in compliance with statutes, regulations, policies and procedures and best practice standards. Inspections may be used to help identify the need for new or revised policies and procedures, administrative needs, funding requirements, evaluation of service providers and changes in laws and regulations.

106.2 DIRECTOR RESPONSIBILITY

Inspections may be used in preparation of inspections by outside entities, such as inspections by a government inspection authority, professional organization or accreditation body. In this case, the local inspection will serve as a pre-inspection review that will prepare the facility for the outside or third-party evaluator.

106.3 INSPECTION AREAS

The inspections may include the following areas in the assessment process:

- (a) **Policy review** - A review of all jail policies and procedures should be conducted to ensure that those policies are up to date and accurately reflect the requirements and activities related to the jail operation.
- (b) **Record review** - A review of the records that support jail activities, medical records and the facility's financial records should be conducted to ensure that contractual benchmarks are being met and that any discrepancies are documented and reported as part of the assessment report in an effort to mitigate harm from improper access to or release of records.
- (c) **Benchmark review** - A review of the Department stated goals and objectives should be discussed with the Director, program managers and other key providers of programs. This will provide the opportunity to identify any areas that require correction, additional resources or that reflect a successful performance that should be acknowledged and possibly replicated.
- (d) **On-site inspections** - The assessment team may conduct on-site inspections of the facility to verify that activities in the facility are in alignment with goals and objectives and compliant with policies and procedures. Any discrepancies, as well as exceptional efforts on the part of management and staff, should be reported as a part of the jail assessment. An inspection checklist should be used to guide the inspection process and to ensure consistency. It is important that the jail assessments be viewed as a

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Facility Inspection

credible measurement instrument as many issues identified in the assessment may require significant funding.

- (e) **Develop an action plan** - After the fact-finding described in the previous sections has been accomplished, notes, records and recommendations should be analyzed and an action plan developed to initiate any needed correction. Documenting successful practices is important to determine if they can be replicated in other areas.
- (f) **Monitor progress** - The Director should ensure that approved recommendations are being instituted by the responsible program providers.

106.4 FOCAL POINTS FOR INSPECTIONS

Inspections of facilities used for detaining persons pending arraignment, held during trial and held upon a lawful court commitment should include inspection of the policies, procedures and performance by management and staff to ensure compliance and timely updates. Inspections may include, but not be limited to, the following inspection points:

- Staff training
- Number of personnel
- Policy and procedures manual
- Incident reports
- Death in-custody
- Documented suicide attempts
- Classification plan
- Reception and booking
- Communicable disease prevention plan
- Inmates with mental disorders
- Administrative segregation
- Developmentally disabled inmates
- Use of force and restraint devices
- Contraband control
- Perimeter security
- Searches (area and personal)
- Access to telephones
- Access to courts and counsel
- Inmate visiting
- Inmate mail

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Facility Inspection

- Religious access
- Health care services
- Intake medical screening
- Vermin control
- Detoxification treatment
- Suicide prevention program
- First-aid kit
- Meals, frequency of serving
- Food service plan
- Food serving and supervision
- Facility sanitation, safety, maintenance
- Tools, key and lock control
- Plan for inmate discipline including rules and disciplinary penalties, forms of discipline, limitations on discipline and disciplinary records
- Standard bedding and linen use
- Mattresses

106.4.1 MINORS IN CUSTODY

In addition to the previously described inspection points, detention facilities that hold minors in temporary custody should also include the following inspection points:

- Serious illness of a minor in an adult detention facility
- Written policies and procedures regarding minors in custody
- Care of minors in temporary custody
- Contact between minors and adult prisoners
- Decision on secure detention
- Conditions of secure detention
- Supervision of minors held inside a locked enclosure
- Supervision of minors in secure detention outside a locked enclosure
- Non-secure custody of minors
- Supervision of minors in non-secure custody
- Medical receiving and screening of minors
- Classification

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Facility Inspection

- Fingerprints of juveniles
- Photographs of juveniles

Appointed Positions

107.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the selection of appointed positions within the Chelan County Regional Justice Center.

107.2 POLICY

The Chelan County Regional Justice Center determines appointed positions in a nondiscriminatory manner based upon job-related factors and candidate skills and qualifications. Appointments are made by the Director or his designee.

107.3 APPOINTED POSITIONS

The following positions are considered appointed assignments and not promotions. Appointment to the listed positions will be based on criteria agreed to by the Director and the Union Executive Board.

- (a) Professional Services Sergeant
- (b) Support Services Sergeant
- (c) Operations Sergeant
- (d) Court/Transport Team Sergeant
- (e) Court/Transport Team Corporal
- (f) Court/Transport Team Deputy
- (g) Classification Sergeant
- (h) Classification Deputy
- (i) Work Release Deputy
- (j) Maintenance Deputy
- (k) K9 Deputy
- (l) Reception/Records Clerk

107.3.1 EVALUATION CRITERIA

The following criteria will be used in evaluating candidates for an appointed position:

- (a) Presents a professional, neat appearance.
- (b) Maintains a physical condition that aids in his/her job performance.
- (c) Expresses an interest in the assignment.
- (d) Demonstrates the following traits:
 - 1. Emotional stability and maturity.
 - 2. Stress tolerance.
 - 3. Sound ethical judgment and decision-making.

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Appointed Positions

4. Personal integrity and ethical conduct.
5. Leadership skills.
6. Initiative.
7. Adaptability and flexibility.
8. Ability to conform to department goals and objectives in a positive manner.
9. Serves the goals and mission of the department.
10. Exceptional skills, experience, or abilities related to the appointed position.

107.3.2 GENERAL REQUIREMENTS

The following requirements should be considered when selecting a candidate for an appointed position:

- (a) Off probation.
- (b) Possession of or ability to obtain any certification required by the Washington State Criminal Justice Training Commission.
- (c) Exceptional skills, experience, or abilities related to the appointed position.

107.3.3 SELECTION PROCESS

The selection process for appointed positions will include an administrative evaluation as determined by the Director to include:

- (a) An announcement will be made via email that an opening is available for one of the appointed positions listed above. The email will indicate what position is either currently open or will become open, any preferred qualifications, and when a letter of interest is due. The letter of interest will be sent to either the Chief of Operations or Chief of Administration, depending on the position to be filled.
- (b) Supervisor recommendations - Any employee who is submitting a letter of interest for an appointed position may request of their current or past supervisor a letter of recommendation.
- (c) Interview - The Director or his designee will schedule interviews with each candidate.
 1. Based on what position is being filled, the Sergeant/Supervisor who oversees that particular department will be involved in the interview process, along with the Chief of Operations, Chief of Administration and Director.
- (d) Appointment by the Director or his designee.

The selection process for all appointed positions may be waived for temporary assignments, emergency situations, training, and at the discretion of the Director.

Standards of Conduct

108.1 PURPOSE AND SCOPE

This policy establishes standards of conduct that are consistent with the values and mission of the Chelan County Regional Justice Center and are expected of all department members. The standards contained in this policy are not intended to be an exhaustive list of requirements and prohibitions, but they do identify many of the important matters concerning conduct. In addition to the provisions of this policy, members are subject to all other provisions contained in this manual, as well as any additional guidance on conduct that may be disseminated by this department or a member's supervisors.

108.2 POLICY

The continued employment or appointment of every member of this department shall be based on conduct that reasonably conforms to the guidelines set forth herein. Failure to meet the guidelines set forth in this policy, whether on- or off-duty, may be cause for disciplinary action, up to and including termination.

108.3 DIRECTIVES AND ORDERS

Members shall comply with lawful directives and orders from any department supervisor or person in a position of authority, absent a reasonable and bona fide justification.

108.3.1 UNLAWFUL OR CONFLICTING ORDERS

Supervisors shall not knowingly issue orders or directives that, if carried out, would result in a violation of any law or department policy. Supervisors should not issue orders that conflict with any previous order without making reasonable clarification that the new order is intended to countermand the earlier order.

No member is required to obey any order that appears to be in direct conflict with any federal law, state law or local ordinance. Following a known unlawful order is not a defense and does not relieve the member from criminal or civil prosecution or administrative discipline. If the legality of an order is in doubt, the affected member shall ask the issuing supervisor to clarify the order or shall confer with a higher authority. The responsibility for refusal to obey rests with the member, who shall subsequently be required to justify the refusal.

Unless it would jeopardize the safety of any individual, members who are presented with a lawful order that is in conflict with a previous lawful order, department policy or other directive shall respectfully inform the issuing supervisor of the conflict. The issuing supervisor is responsible for either resolving the conflict or clarifying that the lawful order is intended to countermand the previous lawful order or directive, in which case the member is obliged to comply. Members who are compelled to follow a conflicting lawful order after having given the issuing supervisor the opportunity to correct the conflict, will not be held accountable for disobedience of the lawful order or directive that was initially issued.

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The person countermanding the original order shall notify, in writing, the person issuing the original order, indicating the action taken and the reason.

108.3.2 SUPERVISOR RESPONSIBILITIES

Supervisors and managers are required to follow all policies and procedures and may be subject to discipline for:

- (a) Failure to be reasonably aware of the performance of their subordinates or to provide appropriate guidance and control.
- (b) Failure to promptly and fully report any known misconduct of a member to his/her immediate supervisor or to document such misconduct appropriately or as required by policy.
- (c) Directing a subordinate to violate a policy or directive, acquiesce to such a violation, or are indifferent to any such violation by a subordinate.
- (d) The unequal or disparate exercise of authority on the part of a supervisor toward any member for malicious or other improper purpose.

108.4 GENERAL STANDARDS

Members shall conduct themselves, whether on- or off-duty, in accordance with the United States and Washington constitutions and all applicable laws, ordinances, and rules enacted or established pursuant to legal authority.

Members shall familiarize themselves with policies and procedures and are responsible for compliance with each. Members should seek clarification and guidance from supervisors in the event of any perceived ambiguity or uncertainty.

Discipline may be initiated for any good cause. It is not mandatory that a specific policy or rule violation be cited to sustain discipline. This policy is not intended to cover every possible type of misconduct.

108.4.1 PRISON RAPE ELIMINATION ACT DISCLOSURE

Members have a continuing affirmative duty to notify the Director in writing if they have (28 CFR 115.17):

- (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC § 1997.
- (b) Been convicted for an offense involving engaging in or attempting to engage in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.
- (c) Been the subject of any civil or administrative adjudication finding that the member engaged in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.

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108.5 CAUSES FOR DISCIPLINE

The following are illustrative of causes for disciplinary action. This list is not intended to cover every possible type of misconduct and does not preclude the recommendation of disciplinary action for violation of other rules, standards, ethics and specific action or inaction that is detrimental to efficient department service.

108.5.1 LAWS, RULES, AND ORDERS

- (a) Violation of, or ordering or instructing a subordinate to violate, any policy, procedure, rule, order, directive, or requirement, or failure to follow instructions contained in department or county manuals.
- (b) Disobedience of any legal directive or order issued by any department member of a higher rank.
- (c) Violation of federal, state, local, or administrative laws, rules, or regulations.

108.5.2 ETHICS

- (a) Using or disclosing one's status as a member of the Chelan County Regional Justice Center in any way that could reasonably be perceived as an attempt to gain influence or authority for non-department business or activity.
- (b) Employees will not use their official position, identification cards, or badges for personal gain or for obtaining privileges not otherwise available to them.
- (c) Using another employee's key fob to sign them in or out of service will be considered a fraudulent use of the time clock.
- (d) Employees shall not use information gained through their employment for their personal benefit, or the benefit of others.
- (e) Employees will not permit the use of work-related photographs or titles for advertising purposes, public or private, without the permission of the Director.
- (f) Employees shall not, on a regular/routine basis, consume meals prepared by the jail's kitchen staff. This does not include "De Minimis" consumption by jail staff.
- (g) The wrongful or unlawful exercise of authority on the part of any member for malicious purpose, personal gain, willful deceit or any other improper purpose.
- (h) The receipt or acceptance of a reward, fee or gift from any person for service incident to the performance of the member's duties (lawful subpoena fees and authorized work permits excepted).
- (i) Acceptance of fees, gifts or money contrary to the rules of this department and/or laws of the state.
- (j) Offer or acceptance of a bribe or gratuity.
- (k) Misappropriation or misuse of public funds, property, personnel or services.
- (l) Any other failure to abide by the standards of ethical conduct.

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108.5.3 DISCRIMINATION, OPPRESSION, OR FAVORITISM

Unless required by law or policy, discriminating against, oppressing, or providing favoritism to any person because of actual or perceived characteristics such as race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, economic status, cultural group, veteran status, marital status, and any other classification or status protected by law, or intentionally denying or impeding another in the exercise or enjoyment of any right, privilege, power, or immunity, knowing the conduct is unlawful.

108.5.4 RELATIONSHIPS

- (a) Unwelcome solicitation of a personal or sexual relationship while on-duty or through the use of one's official capacity.
- (b) Engaging in on-duty sexual activity including but not limited to sexual intercourse, excessive displays of public affection, or other sexual contact with other members, volunteers, contractors, or inmates.
- (c) Establishing or maintaining an inappropriate personal or financial relationship, as a result of an investigation, with an inmate or with a known victim, witness, suspect, or defendant while a case is being investigated or prosecuted, or as a direct result of any official contact.
- (d) Associating with or joining a criminal gang, organized crime, and/or criminal syndicate when the member knows or reasonably should know of the criminal nature of the organization. This includes any organization involved in a definable criminal activity or enterprise, except as specifically directed and authorized by this department.
- (e) Associating on a personal, rather than official, basis with persons who demonstrate recurring involvement in serious violations of state or federal laws after the member knows, or reasonably should know of such criminal activities, except as specifically directed and authorized by this department.

108.5.5 ATTENDANCE

- (a) Leaving the job to which the member is assigned during duty hours without reasonable excuse and proper permission and approval.
- (b) Unexcused or unauthorized absence or tardiness.
- (c) Excessive absenteeism or abuse of leave privileges.
- (d) Failure to report to work or to the place of assignment at the time specified and fully prepared to perform duties without a reasonable excuse.
- (e) Employees required to be in court shall be prompt in attendance, and shall remain until excused by proper authority. Officers shall testify in a clear, concise, and distinct manner. Officers will answer all questions truthfully. The department Class A uniform or proper business attire will be worn for all court appearances.

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108.5.6 UNAUTHORIZED ACCESS, DISCLOSURE, OR USE

- (a) Unauthorized and inappropriate intentional release of confidential or protected information, materials, data, forms, or reports obtained as a result of the member's position with this department.
- (b) Disclosing to any unauthorized person any active investigation, inmate, or critical incident information.
- (c) The use of any information, photograph, video, or other recording obtained or accessed as a result of employment or appointment to this department for personal or financial gain or without the express authorization of the Director or the authorized designee.
- (d) Loaning, selling, allowing unauthorized use, giving away, or appropriating any department property for personal use, personal gain, or any other improper or unauthorized use or purpose.
- (e) Using department resources in association with any portion of an independent civil action. These resources include but are not limited to personnel, vehicles, equipment, and non-subpoenaed records.

108.5.7 EFFICIENCY

- (a) Neglect of duty. On duty employees of the Chelan County Regional Justice Center will not engage in any activity or personal business which causes them to neglect their duties.
- (b) Unsatisfactory work performance including, but not limited to, failure, incompetence, inefficiency or delay in performing and/or carrying out proper orders, work assignments or the instructions of supervisors without a reasonable and bona fide excuse.
- (c) Concealing, attempting to conceal, removing or destroying defective or incompetent work.
- (d) Unauthorized sleeping during on-duty time or assignments.
- (e) Failure to notify the Department within 3 days of any change in residence address or contact numbers.
- (f) Failure to notify the Department of Human Resources of changes in relevant personal information (e.g., information associated with benefits determination) in a timely fashion.

108.5.8 PERFORMANCE

- (a) Failure to disclose or misrepresenting material facts, or making any false or misleading statement on any application, examination form, or other official document, report, or form, or during the course of any work-related investigation.
- (b) The falsification of any work-related records, making misleading entries or statements with the intent to deceive or the willful and unauthorized removal, alteration, destruction, and/or mutilation of any department record, public record, book, paper, or document.

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- (c) Failure to participate in investigations, or giving false or misleading statements, or misrepresenting or omitting material information to a supervisor or other person in a position of authority, in connection with any investigation or in the reporting of any department-related business.
- (d) Being untruthful or knowingly making false, misleading, or malicious statements that are reasonably calculated to harm the reputation, authority, or official standing of this department or its members.
- (e) Disparaging remarks or conduct concerning duly constituted authority to the extent that such conduct disrupts the efficiency of this department or subverts the good order, efficiency, and discipline of this department or that would tend to discredit any of its members.
- (f) Unlawful gambling or unlawful betting at any time or any place. Legal gambling or betting under any of the following conditions:
 - 1. While on department premises.
 - 2. At any work site, while on-duty or while in uniform, or while using any department equipment or system.
 - 3. Gambling activity undertaken as part of a deputy's official duties and with the express knowledge and permission of a direct supervisor is exempt from this prohibition.
- (g) Improper political activity including:
 - (a) Unauthorized attendance while on-duty at official legislative or political sessions.
 - (b) Solicitations, speeches, or distribution of campaign literature for or against any political candidate or position while on-duty or on department property except as expressly authorized by county policy, the collective bargaining agreement, or the Director.
- (h) Engaging in political activities during assigned working hours except as expressly authorized by county policy, the collective bargaining agreement, or the Director.
- (i) Any act on- or off-duty that brings discredit to this department.

108.5.9 CONDUCT

- (a) Failure of any member to promptly and fully report activities on his/her part or the part of any other member where such activities resulted in contact with any other law enforcement agency or that may result in criminal prosecution or discipline under this policy.
- (b) Unreasonable and unwarranted force to a person encountered or a person under arrest.
- (c) Exceeding lawful peace officer powers by unreasonable, unlawful or excessive conduct.
- (d) Employees will not mistreat persons in their custody.

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- (e) Employees will provide necessary assistance to co-workers. Employees will take appropriate actions toward aiding a fellow employee exposed to danger, or in handling situations in which danger is likely.
- (f) Unauthorized or unlawful fighting, threatening or attempting to inflict unlawful bodily harm on another.
- (g) Engaging in horseplay that reasonably could result in injury or property damage.
- (h) Discourteous, disrespectful or discriminatory treatment of any member of the public or any member of this department or the county.
- (i) Employees, while on duty, will treat all personnel with respect and courtesy, this includes radio traffic. While on duty and in the presence of the public, supervisory personnel shall be referred to by their rank.
- (j) Use of obscene, indecent, profane or derogatory language while on-duty or in uniform.
- (k) Criminal, dishonest or disgraceful conduct, whether on- or off-duty, that adversely affects the member's relationship with this department.
- (l) Unauthorized possession of, loss of, or damage to department property or the property of others, or endangering it through carelessness or maliciousness.
- (m) Attempted or actual theft of department property; misappropriation or misuse of public funds, property, personnel or the services or property of others; unauthorized removal or possession of department property or the property of another person.
- (n) Activity that is incompatible with a member's conditions of employment or appointment as established by law or that violates a provision of any contract or collective bargaining agreement to include fraud in securing the appointment or hire.
- (o) Initiating any civil action for recovery of any damages or injuries incurred in the course and scope of employment or appointment without first notifying the Director of such action.
- (p) Allowing contraband articles including, but not limited to, weapons,, illegal drugs or alcohol in any jail facility.
- (q) Receiving from an inmate any articles to deliver outside the facility.
- (r) Any other on- or off-duty conduct which any member knows or reasonably should know is unbecoming a member of this department, is contrary to good order, efficiency or morale, or tends to reflect unfavorably upon this department or its members.
- (s) Employees shall conduct themselves at all times, both on and off duty, in a manner that does not reflect negatively on the agency or county. Employees conduct, which includes, but is not limited to, rumors, gossip, negative behavior, or postings on social media, which brings discredit on individuals, the agency or county, may subject the employee to discipline.
- (t) Chelan County Regional Justice Center employees are expected to be truthful at all times on matters that affect the department.

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108.5.10 SAFETY

- (a) Failure to observe or violating department safety standards or safe working practices.
- (b) Failure to maintain current licenses or certifications required for the assignment or position (e.g., driver's license, first aid).
- (c) Failure to maintain good physical condition sufficient to adequately and safely perform Corrections duties.
- (d) Unsafe firearm or other dangerous weapon handling, including loading or unloading firearms in an unsafe manner, either on- or off-duty.
- (e) Carrying, while on the premises of the workplace, any firearm or other lethal weapon that is not authorized by the member's appointing authority.
- (f) Unsafe or improper driving habits or actions in the course of employment or appointment.
- (g) Any personal action contributing to a preventable traffic collision.
- (h) Concealing or knowingly failing to report any on-the-job or work-related accident or injury as soon as practicable but within 24 hours.

108.5.11 INTOXICANTS

- (a) Reporting for work or being at work while intoxicated or when the member's ability to perform assigned duties is impaired due to the use of alcohol, medication or drugs, whether legal, prescribed or illegal.
- (b) Possession or use of alcohol at any work site or while on-duty, except as authorized in the performance of an official assignment..
- (c) Unauthorized possession, use of, or attempting to bring a controlled substance, illegal drug or non-prescribed medication to any work site.
- (d) Off-duty employees who are called in, and have consumed alcohol, must notify the supervisor of any alcohol consumption. The supervisor will evaluate and decide whether the employee should respond to duty.

108.6 REPORTING FOR DUTY

Employees will report for duty at the time and place indicated by the agency schedule. When employees report for duty they shall be appropriately attired, properly equipped, and ready to assume job responsibilities at their assigned post. When reporting for duty "on time" means employees will be at their post ready to work. Any employee who fails to appear for duty on time without prior approval to the on-duty supervisor will be deemed absent without authorization.

108.7 USE OF SICK LEAVE

A request for leave from scheduled duty due to illness or injury will be made to the on-duty supervisor no less than two hours in advance of scheduled duty time. Incapacity due to sudden injury or illness, or other emergency circumstances may be sufficient to allow departure from the two-hour limitation. The supervisor should ask if the sick leave is a FMLA related issue. If the employee states it is or is not sure, they should notify the business manager by email so they

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can follow up with the employee. Employees calling in sick will report this to the on-duty shift supervisor.

108.8 DUTY RESPONSIBILITIES

Employees of the Chelan County Regional Justice Center will protect and preserve life and property, maintain community order, and enhance the peace and safety of the community.

All employees will perform their duties as required by law, agency policy, or by order of a supervisor. On duty employees will respond to the concerns of citizens as promptly as possible depending on the prioritization of services and available staffing.

A high level of performance is expected from each employee. Minimum acceptable performance is defined as that standard of performance which is at reasonable and acceptable levels, as judged from other employees performing like or similar duties.

108.9 TELEPHONE/ADDRESSES

Employees are required to have a working telephone. Employees will immediately report any changes in telephone numbers or residential addresses to the business manager, and complete the necessary paperwork, forwarding it to the Director's office, via the chain of command.

Employees will only release employee phone numbers to other members of the agency. If a source outside the agency requests an employee phone number, the identity of the caller will be relayed to employee being sought. That employee can decide whether to call the person requesting phone contact.

Employees will not provide theirs, any any other employees phone number or address to any inmate.

Discriminatory Harassment

109.1 PURPOSE AND SCOPE

The purpose of this policy is to prevent department employees from being subjected to discriminatory harassment, including sexual harassment and retaliation. Nothing in this policy is intended to create a legal or employment right or duty that is not created by law.

109.2 POLICY

The Chelan County Regional Justice Center is an equal opportunity employer and is committed to creating and maintaining a work environment that is free of all forms of discriminatory harassment, including sexual harassment and retaliation. The Department will not tolerate discrimination against an employee in hiring, promotion, discharge, compensation, fringe benefits, and other privileges of employment. The Department will take preventive and corrective action to address any behavior that violates this policy or the rights and privileges it is designed to protect.

The nondiscrimination policies of the Department are guided by Chelan County Human Resources and may be more comprehensive than state or federal law. Conduct that violates this policy may not violate state or federal law but still could subject a member to discipline.

109.3 DEFINITIONS

Definitions related to this policy include:

109.3.1 DISCRIMINATION

The Department prohibits all forms of discrimination, including any employment-related action by a employee that adversely affects an applicant or employee and is based on actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law.

Discriminatory harassment, including sexual harassment, is verbal or physical conduct that demeans or shows hostility or aversion toward an individual based upon that individual's protected class. It has the effect of interfering with an individual's work performance or creating a hostile or abusive work environment.

Conduct that may, under certain circumstances, constitute discriminatory harassment can include making derogatory comments; making crude and offensive statements or remarks; making slurs or off-color jokes; stereotyping; engaging in threatening acts; making indecent gestures, pictures, cartoons, posters, or material; making inappropriate physical contact; or using written material or department equipment and/or systems to transmit or receive offensive material, statements, or pictures. Such conduct is contrary to department policy and to a work environment that is free of discrimination.

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109.3.2 RETALIATION

Retaliation is treating a person differently or engaging in acts of reprisal or intimidation against the person because the person has engaged in protected activity, filed a charge of discrimination, participated in an investigation, or opposed a discriminatory practice. Retaliation will not be tolerated.

109.3.3 SEXUAL HARASSMENT

The Department prohibits all forms of discrimination and discriminatory harassment, including sexual harassment. It is unlawful to harass an applicant or a employee because of that person's sex.

Sexual harassment includes but is not limited to unwelcome sexual advances, requests for sexual favors, or other verbal, visual, or physical conduct of a sexual nature when:

- (a) Submission to such conduct is made either explicitly or implicitly as a term or condition of employment, position, or compensation.
- (b) Submission to, or rejection of, such conduct is used as the basis for any employment decisions affecting the employee.
- (c) Such conduct has the purpose or effect of substantially interfering with a employee's work performance or creating an intimidating, hostile, or offensive work environment.

109.3.4 ADDITIONAL CONSIDERATIONS

Discrimination and discriminatory harassment do not include actions that are in accordance with established rules, principles, or standards, including:

- (a) Acts or omission of acts based solely upon bona fide occupational qualifications under the Equal Employment Opportunity Commission and Washington State Human Rights Commission guidelines.
- (b) Bona fide requests or demands by a supervisor that the employee improve the employee's work quality or output, that the employee report to the job site on time, that the employee comply with county or department rules or regulations, or any other appropriate work-related communication between supervisor and employee.

109.4 RESPONSIBILITIES

This policy applies to all department employees, who shall follow the intent of these guidelines in a manner that reflects department policy, professional standards, and the best interest of the Department and its mission.

Employees are encouraged to promptly report any discriminatory, retaliatory, or harassing conduct or known violations of this policy to a supervisor. Any employee who is not comfortable with reporting violations of this policy to the employee's immediate supervisor may bypass the chain of command and make the report to a higher-ranking supervisor or manager. Complaints may also be filed with the Director, the Director of Human Resources, or the Board of County Commissioners (BOCC).

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Any employee who believes, in good faith, that the employee has been discriminated against, harassed, or subjected to retaliation, or who has observed harassment, discrimination, or retaliation, is encouraged to promptly report such conduct in accordance with the procedures set forth in this policy.

Supervisors and managers receiving information regarding alleged violations of this policy shall determine if there is any basis for the allegation and shall proceed with a resolution as stated below.

109.4.1 QUESTIONS OR CLARIFICATION

Employees with questions regarding what constitutes discrimination, sexual harassment, or retaliation are encouraged to contact a supervisor, a manager, the Director, the Director of Human Resources, or the Board of County Commissioners (BOCC) for further information, direction, or clarification.

109.4.2 SUPERVISOR RESPONSIBILITIES

The responsibilities of supervisors and managers shall include but are not limited to:

- (a) Continually monitoring the work environment and striving to ensure that it is free from all types of unlawful discrimination, including harassment or retaliation.
- (b) Taking prompt, appropriate action within their work units to avoid and minimize the incidence of any form of discrimination, harassment, or retaliation.
- (c) Ensuring that their subordinates understand their responsibilities under this policy.
- (d) Ensuring that employees who make complaints or who oppose any unlawful employment practices are protected from retaliation and that such matters are kept confidential to the extent possible.
- (e) Making a timely determination regarding the substance of any allegation based upon all available facts.
- (f) Notifying the Director or the Director of Human Resources in writing of the circumstances surrounding any reported allegations or observed acts of discrimination, harassment, or retaliation no later than the next business day.

109.4.3 SUPERVISOR'S ROLE

Supervisors and managers shall be aware of the following:

- (a) Behavior of supervisors and managers should represent the values of the Department and professional standards.
- (b) False or mistaken accusations of discrimination, harassment, or retaliation can have negative effects on the careers of innocent employees.

Nothing in this section shall be construed to prevent supervisors or managers from discharging supervisory or management responsibilities, such as determining duty assignments, evaluating or counseling employees, or issuing discipline in a manner that is consistent with established procedures.

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109.5 INVESTIGATION OF COMPLAINTS

Various methods of resolution exist. During the pendency of any such investigation, the supervisor of the involved employee should take prompt and reasonable steps to mitigate or eliminate any continuing abusive or hostile work environment. It is the policy of the Department that all complaints of discrimination, retaliation, or harassment shall be fully documented and promptly and thoroughly investigated.

109.5.1 SUPERVISOR RESOLUTION

Employees who believe they are experiencing discrimination, harassment, or retaliation should be encouraged to inform the individual that the behavior is unwelcome, offensive, unprofessional, or inappropriate. However, if the employee feels uncomfortable or threatened or has difficulty expressing the employee's concern, or if this does not resolve the concern, assistance should be sought from a supervisor or manager who is a rank higher than the alleged transgressor.

109.5.2 FORMAL INVESTIGATION

If the complaint cannot be satisfactorily resolved through the supervisory resolution process, a formal investigation will be conducted.

The person assigned to investigate the complaint will have full authority to investigate all aspects of the complaint. Investigative authority includes access to records and the cooperation of any employees involved. No influence will be used to suppress any complaint and no employee will be subject to retaliation or reprisal for filing a complaint, encouraging others to file a complaint, or for offering testimony or evidence in an investigation.

Formal investigation of the complaint will be confidential to the extent possible and will include but is not limited to details of the specific incident, frequency and dates of occurrences, and names of any witnesses. Witnesses will be advised regarding the prohibition against retaliation, and that a disciplinary process, up to and including termination, may result if retaliation occurs.

Employees who believe they have been discriminated against, harassed, or retaliated against because of their protected status are encouraged to follow the chain of command but may also file a complaint directly with the Director, the Director of Human Resources, or the Board of County Commissioners (BOCC).

109.5.3 ALTERNATIVE COMPLAINT PROCESS

No provision of this policy shall be construed to prevent any employee from seeking legal redress outside the Department. Employees who believe that they have been harassed, discriminated against, or retaliated against are entitled to bring complaints of employment discrimination to federal, state, and/or local agencies responsible for investigating such allegations. Specific time limitations apply to the filing of such charges. Employees are advised that proceeding with complaints under the provisions of this policy does not in any way affect those filing requirements.

109.6 DOCUMENTATION OF COMPLAINTS

All complaints or allegations shall be thoroughly documented on the appropriate forms and in a manner designated by the Director. The outcome of all reports shall be:

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- (a) Approved by the Director, the Board of County Commissioners (BOCC), or the Director of Human Resources, depending on the ranks of the involved parties.
- (b) Maintained in accordance with the department established records retention schedule.

109.6.1 NOTIFICATION OF DISPOSITION

The complainant and/or victim will be notified in writing of the disposition of the investigation and the actions taken to remedy or address the circumstances giving rise to the complaint.

109.7 TRAINING

This policy shall be reviewed with each new employee. The employee shall certify by acknowledging the policy that the employee has been advised of this policy, is aware of and understands its contents, and agrees to abide by its provisions during the employee's term with the Department.

All employees shall receive annual training on the requirements of this policy and shall certify by acknowledging the policy that they have reviewed the policy, understand its contents, and agree that they will continue to abide by its provisions.

All employees shall receive annual training provided by the direction of Chelan County Human Resources or any training that satisfies Chelan County or Department requirements.

Grievances

110.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the Chelan County Regional Justice Center grievance system. The grievance system is intended to facilitate communication and to promptly and equitably address employee grievances in the workplace. The grievance guidelines are covered under the employees Collective Bargaining Agreement (CBA).

110.1.1 GRIEVANCE DEFINED

A grievance is defined as a dispute involving the interpretation, application or alleged violation of any provision of any of the following:

- The employee bargaining agreement (Memorandum of Understanding)
- This Custody Manual
- Department rules and regulations governing personnel practices or working conditions
- Workplace issues that do not amount to misconduct under the Personnel Complaints Policy, such as fraud, waste, abuse of authority, gross mismanagement, or any inappropriate conduct or practices, including violations that may pose a threat to the health, safety, or well-being of members

Specifically outside the category of grievances are complaints related to allegations of discrimination or harassment subject to the Discriminatory Harassment Policy. Also outside the category of grievances are personnel complaints regarding any allegation of misconduct or improper job performance against any department employee that, if true, would constitute a violation of department policy or federal, state, or local law, as set forth in the Personnel Complaints Policy.

110.2 POLICY

It is the policy of this department to provide a just and equitable system for the prompt handling of employee grievances without discrimination, coercion, restraint, or retaliation against any employee who submits or is otherwise involved in a grievance.

110.3 PROCESS

Grievances may be brought by an individual employee or by an employee group representative. Employees may have representation during the grievance process.

Before an employee files a grievance, they should make every effort to resolve the issue through informal discussion with his/her immediate supervisor. The employee is not required to discuss the issue with their immediate supervisor and may file a grievance based on the language of their Collective Bargaining Agreement.

The grievance process is covered under the Collective Bargaining Agreement and should be referred to by any employee who has decided to file a grievance, so the proper process and protections are covered.

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Grievances

110.4 POLICY OR TRAINING IMPLICATIONS

If an employee who participates in the grievance review process identifies any issue that may warrant an immediate revision to this Custody Manual, a procedural change, or an immediate training need, the employee should promptly notify the Director in the memorandum.

Personnel Complaints

111.1 PURPOSE AND SCOPE

This policy provides guidelines for the reporting, investigation, and disposition of complaints regarding the conduct of employees of the Chelan County Regional Justice Center. This policy shall not apply to any questioning, counseling, instruction, informal verbal admonishment, or other routine or unplanned contact of a employee in the normal course of duty, by a supervisor or any other employee, nor shall this policy apply to a criminal investigation.

111.2 POLICY

The Chelan County Regional Justice Center takes seriously all complaints regarding the service provided by the Department and the conduct of its employees.

The Department will accept and address all complaints of misconduct in accordance with this policy and applicable federal, state, and local laws, municipal and county rules, and the requirements of any memorandum of understanding or collective bargaining agreements.

It is also the policy of this department to ensure that the community can report misconduct without concern for reprisal or retaliation.

111.3 PERSONNEL COMPLAINTS

Personnel complaints include any allegation of misconduct or improper job performance that, if true, would constitute a violation of department policy or federal, state, or local law, policy, or rule. Personnel complaints may be generated internally or by the public.

Inquiries about conduct or performance that, if true, would not violate department policy or federal, state, or local law, policy, or rule may be handled informally by a supervisor and shall not be considered a personnel complaint. Such inquiries generally include clarification regarding policy, procedures, or the response to specific incidents by the Department.

111.3.1 COMPLAINT CLASSIFICATIONS

Personnel complaints shall be classified in one of the following categories:

Informal - A matter in which the Director or designee is satisfied that appropriate action has been taken by a supervisor of rank greater than the accused employee.

Formal - A matter in which a supervisor determines that further action is warranted. Such complaints may be investigated by a supervisor of rank greater than the accused employee or referred to the Chief Deputy, depending on the seriousness and complexity of the investigation.

Incomplete - A matter in which the complaining party either refuses to cooperate or becomes unavailable after diligent follow-up investigation. At the discretion of the assigned supervisor or the Chief Deputy, such matters may be further investigated depending on the seriousness of the complaint and the availability of sufficient information.

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111.3.2 SOURCES OF COMPLAINTS

The following applies to the source of complaints:

- (a) Individuals from the public may make complaints in any form, including in writing, by email, in person, or by telephone.
- (b) Any department employee becoming aware of alleged misconduct shall immediately notify a supervisor.
- (c) Supervisors shall initiate a complaint based upon observed misconduct or receipt of information from any source alleging misconduct that, if true, could result in disciplinary action.
- (d) Anonymous and third-party complaints should be accepted and investigated to the extent that sufficient information is provided.
- (e) Tort claims and lawsuits may generate a personnel complaint.

111.4 DOCUMENTATION

Supervisors shall ensure that all formal and informal complaints are documented on a special report. The supervisor shall ensure that the nature of the complaint is defined as clearly as possible.

111.5 ADMINISTRATIVE INVESTIGATIONS

Allegations of misconduct will be administratively investigated as follows:

111.5.1 SUPERVISOR RESPONSIBILITIES

In general, the primary responsibility for the investigation of a personnel complaint shall rest with the member's immediate supervisor, unless the supervisor is the complainant, or the supervisor feels the complaint needs to be elevated to the Director. The Director or the authorized designee may direct that another supervisor investigate any complaint.

A supervisor who becomes aware of alleged misconduct shall take reasonable steps to prevent aggravation of the situation.

The responsibilities of supervisors include but are not limited to:

- (a) Ensuring that upon receiving or initiating any formal complaint, a special report is completed.
 - 1. The original special report will be directed to the Director, who will take appropriate action and/or determine who will have responsibility for the investigation.
 - 2. In circumstances where the integrity of the investigation could be jeopardized by reducing the complaint to writing or where the confidentiality of a complainant is at issue, a supervisor shall orally report the matter to the employee's supervisor or the Director, who will initiate appropriate action.
- (b) Responding to all complainants in a courteous and professional manner.
- (c) Resolving those personnel complaints that can be resolved immediately.

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1. If the matter is resolved and no further action is required, the supervisor will note the resolution on a special report and forward the report to the appropriate Chief.
- (d) Ensuring that upon receipt of a complaint involving allegations of a potentially serious nature, the appropriate Chief and the Director are notified via the chain of command as soon as practicable.

111.5.2 ADMINISTRATIVE INVESTIGATION PROCEDURES

Whether conducted by a supervisor or a member of the Command Team, the following applies to employees:

- (a) Interviews of an accused employee shall be conducted during reasonable hours and preferably when the employee is on-duty. If the employee is off-duty, he/she shall be compensated.
- (b) Unless waived by the employee, interviews of an accused employee shall be at the Chelan County Regional Justice Center or other reasonable and appropriate place.
- (c) No more than two interviewers should ask questions of an accused employee.
- (d) Prior to any interview, an employee should be informed of the nature of the investigation.
- (e) All interviews should be for a reasonable period and the employee's personal needs should be accommodated.
- (f) No employee should be subjected to offensive or threatening language, nor shall any promises, rewards, or other inducements be used to obtain answers.
- (g) Any employee refusing to answer questions directly related to the investigation may be ordered to answer questions administratively and may be subject to discipline for failing to do so.
 1. An employee should be given an order to answer questions in an administrative investigation that might incriminate the employee in a criminal matter only after the employee has been given a *Garrity* advisement. Administrative investigators should consider the impact that compelling a statement from the employee may have on any related criminal investigation and should take reasonable steps to avoid creating any foreseeable conflicts between the two related investigations. This may include conferring with the person in charge of the criminal investigation (e.g. discussion of processes, timing, implications.)
 2. No information or evidence administratively coerced from an employee may be provided to anyone involved in conducting the criminal investigation or to any prosecutor.
- (h) All employees subjected to interviews that could result in discipline have the right to have a union representative present.
- (i) All employees shall provide complete and truthful responses to questions posed during interviews.
- (j) No employee may be compelled to submit to a polygraph examination, nor shall any refusal to submit to such examination be mentioned in any investigation.

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- (k) An employee shall be provided a written statement of all accusations/allegations along with any possible violations that may have occurred..

111.5.3 ADMINISTRATIVE INVESTIGATION FORMAT

Formal investigations of personnel complaints shall be thorough, complete, and essentially follow this format:

Introduction - Include the identity of the employee, the identity of the assigned investigators, the initial date, and source of the complaint.

Synopsis - Provide a brief summary of the facts giving rise to the investigation.

Summary - List the allegations separately, including applicable policy sections, with a brief summary of the evidence relevant to each allegation. A separate recommended finding should be provided for each allegation.

Evidence - Each allegation should be set forth with the details of the evidence applicable to each allegation provided, including comprehensive summaries of employee and witness statements. Other evidence related to each allegation should also be detailed in this section.

Conclusion - An overview of the complete investigation.

Exhibits - A separate list of exhibits (e.g., recordings, photos, documents) should be attached to the report.

111.5.4 DISPOSITIONS

Each personnel complaint shall be classified with one of the following dispositions:

Unfounded - When the investigation discloses that the alleged acts did not occur or did not involve department members. Complaints that are determined to be frivolous will fall within the classification of unfounded.

Exonerated - When the investigation discloses that the alleged act occurred but that the act was justified, lawful, and/or proper.

Not sustained - When the investigation discloses that there is insufficient evidence to sustain the complaint or fully exonerate the member.

Sustained - When the investigation discloses sufficient evidence to establish that the act occurred and that it constituted misconduct. When an investigation has a finding of "sustained", the result may be disciplinary action, up to and including termination of employment.

If an investigation discloses misconduct or improper job performance that was not alleged in the original complaint, the investigator shall take appropriate action with regard to any additional allegations.

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Personnel Complaints

111.5.5 COMPLETION OF INVESTIGATIONS

Every investigator or supervisor assigned to investigate a personnel complaint or other alleged misconduct shall proceed with due diligence in an effort to complete the investigation as soon as possible from the date of discovery by an individual authorized to initiate an investigation.

111.5.6 NOTICE TO COMPLAINANT OF INVESTIGATION STATUS

The employee conducting the investigation should provide the complainant with periodic updates on the status of the investigation, as appropriate.

111.6 ADMINISTRATIVE SEARCHES

Assigned lockers, storage spaces, and other areas, including desks, offices, and county owned vehicles, may be searched as part of an administrative investigation upon a reasonable suspicion of misconduct.

Such areas may also be searched any time by a supervisor for non-investigative purposes, such as obtaining a needed report, radio, or other document or equipment.

111.7 ADMINISTRATIVE LEAVE

When a complaint of misconduct is of a serious nature, or when circumstances indicate that allowing the accused to continue to work would adversely affect the mission of the Department, the Director or the authorized designee may temporarily assign an accused employee to administrative leave. Any employee placed on administrative leave:

- (a) May be required to relinquish any department badge, identification, assigned weapons, and any other department equipment.
- (b) Shall be required to continue to comply with all policies and lawful orders of a supervisor.
- (c) The employee will be on an administrative shift of Monday thru Friday 0800 to 1700.

111.8 CRIMINAL INVESTIGATION

Where an employee is accused of potential criminal conduct, the internal investigation will be put on hold. The internal investigation will continue after the criminal charges have been concluded.

The Director shall be notified as soon as practicable when a employee is accused of criminal conduct. The Director may request a criminal investigation by an outside law enforcement agency.

A employee accused of criminal conduct shall be provided with all rights afforded to a civilian. The employee should not be administratively ordered to provide any information in the criminal investigation.

The Chelan County Regional Justice Center may release information concerning the arrest or detention of any employee, including a deputy, that has not led to a conviction. No disciplinary action should be taken until an independent administrative investigation is conducted.

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111.9 POST-ADMINISTRATIVE INVESTIGATION PROCEDURES

Upon completion of a formal investigation, an investigation report should be forwarded to the Director through the chain of command. The completed investigation should include all reports, interviews, videos and anything collected during the investigation.

111.9.1 DIRECTOR RESPONSIBILITIES

Upon receipt of any written recommendation for disciplinary action, the Director shall review the recommendation and all accompanying materials. The Director may modify any recommendation and/or may return the file for further investigation or action.

Once the Director is satisfied that no further investigation or action is required by staff, the Director shall determine the amount of discipline, if any, that should be imposed. In the event disciplinary action is proposed, the Director shall provide the employee with a written notice and the following:

- (a) Access to all of the materials considered by the Director in recommending the proposed discipline.
- (b) An opportunity to respond orally or in writing to the Director within five days of receiving the notice.
 - (a) Upon a showing of good cause by the employee or complainant, the Director may grant a reasonable extension of time for the employee to respond.

Once the employee has completed his/her response, or if the employee has elected to waive any such response, the Director shall consider all information received in regard to the recommended discipline. The Director shall render a timely written decision to the employee and specify the grounds and reasons for discipline and the effective date of the discipline. Once the Director has issued a written decision, the discipline shall become effective.

111.9.2 NOTICE OF FINAL DISPOSITION TO THE COMPLAINANT

The Director or the authorized designee should ensure that the complainant is notified of the disposition (i.e., sustained, not sustained, exonerated, unfounded) of the complaint.

111.10 RESIGNATIONS/RETIREMENTS PRIOR TO DISCIPLINE

In the event that a member tenders a written resignation or notice of retirement prior to the imposition of discipline, it shall be noted in the file. The tender of a resignation or retirement by itself shall not serve as grounds for the termination of any pending investigation or discipline (RCW 43.101.135).

111.11 POST-DISCIPLINE APPEAL RIGHTS

Non-probationary employees have the right to appeal a suspension without pay, punitive transfer, demotion, reduction in pay or step, or termination from employment. The employee has the right to appeal using the procedures established by any collective bargaining agreement, memorandum of understanding, and/or personnel rules.

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111.12 PROBATIONARY EMPLOYEES AND OTHER MEMBERS

Probationary employees may be disciplined and/or released from employment without adherence to any of the procedures set out in this policy, and without notice or cause at any time. These individuals are not entitled to any rights under this policy. However, any of these individuals released for misconduct should be afforded an opportunity solely to clear their names through a liberty interest hearing, which shall be limited to a single appearance before the Director or the authorized designee.

In cases where an individual has been absent for more than a week or when additional time to review the individual is considered to be appropriate, the probationary period may be extended at the discretion of the Director.

111.13 RETENTION OF PERSONNEL INVESTIGATION FILES

All personnel complaints shall be maintained in accordance with the established records retention schedule and as described in the Personnel Records Policy.

111.14 NOTIFICATION TO CRIMINAL JUSTICE TRAINING COMMISSION CERTIFICATION BOARD

Upon separation of a peace officer or corrections officer for any reason, the Department shall, within 15 days of the separation, notify the Criminal Justice Training Commission (CJTC) on a personnel action report form provided by the commission. When a resignation or retirement is accepted in lieu of termination, the Department shall include the reasons and rationale in the information provided to CJTC, including the findings from any internal or external investigations into alleged misconduct (RCW 43.101.135)(RCW 43.101.106).

The Department shall notify CJTC within 15 days of an initial disciplinary decision made by the Department for alleged behavior or conduct by a peace officer or corrections officer that is noncriminal and may result in revocation of certification pursuant to RCW 43.101.105 (RCW 43.101.135)(RWC 43.101.106).

The Department shall also notify CJTC when a decision has been made to discipline a deputy for failure to intervene or for failure to report an incident of excessive force or any wrongdoing by another peace officer for determination of suspension or revocation of certification (Chapter 321 § 1, 2021 Laws).

The Department shall, upon request of the CJTC, provide such additional documentation or information as the commission deems necessary to determine whether the separation or event provides grounds for suspension or revocation of the peace officer's or corrections officer's certification (RCW 43.101.135)(RCW 43.101.106).

Personal Appearance Standards

112.1 PURPOSE AND SCOPE

In order to project uniformity and neutrality toward the public and other members of the department, employees shall maintain their personal hygiene and appearance in a manner that projects a professional image appropriate for this department and for their assignment.

112.2 GROOMING STANDARDS

Unless otherwise stated, and because deviations from these standards could present officer safety issues, the following appearance standards shall apply to all employees, except those whose current assignment would deem them not appropriate, and where the Director has granted exception.

112.2.1 HAIR

Hairstyles of all members shall be neat in appearance. For male sworn officers, hair must not extend below the top edge of the uniform collar while assuming a normal stance.

For female sworn officers, hair length is optional. However, officers working in uniform are encouraged to wear hair, below shoulder length, in a secure manner. "Secured" means either up in a ponytail, braid, or bun. If officers chose to wear their hair in this manner, no colorful or ornamental hair clips/clasps shall be used.

112.2.2 FACIAL HAIR

Beards, Mustaches, and sideburns are permitted. They will be kept neat and trimmed. Beards will not extend more than 1/2 inch below the chin.

112.2.3 FINGERNAILS

Fingernails extending beyond the tip of the finger can pose a safety hazard to officers or others. For this reason, fingernails shall be trimmed so that no point of the nail extends beyond the tip of the finger.

112.2.4 JEWELRY AND ACCESSORIES

No jewelry or personal ornaments shall be worn by officers on any part of the uniform or equipment, except those authorized. Jewelry, if worn around the neck, shall not be visible above the shirt collar.

Earrings shall not be worn by uniform sworn officers. Only one ring may be worn on each hand of the employee while on duty.

Nose Piercing's shall not be worn while officers are on duty.

112.3 UNIFORMED PERSONNEL

The department's image is reflected in the appearance of its employees. Uniformed policies and appearance standards apply to all employees who wear a uniform.

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Personal Appearance Standards

On duty employees, for whom the department has provided uniforms, are expected to wear the uniforms during duty hours. The uniforms will consistently project a neat and clean appearance and may be worn in transit to and from duty or at approved off duty assignment. An approved uniform hat is authorized, except in the courtrooms.

Uniforms that have holes or tears in them are deemed not serviceable, it is the responsibility of each uniformed staff member to use their allotted clothing allowance each year to maintain a serviceable uniform.

112.3.1 CIVILIAN ATTIRE

Employees of the agency not working in uniformed positions are authorized to wear civilian clothing. Only clothing commonly accepted as business casual attire will be generally worn by employees in these positions. Employees in certain assignments, or performing certain job functions, may be granted exceptions to this by the Director or his/her designee.

112.4 HEALTH AND FITNESS

The functions of a corrections officer can frequently require a level of fitness not demanded by many other occupations. This department encourages officers to maintain a satisfactory level of general health and physical fitness for their own well being. Proper physical fitness also allows officers to perform more effectively and reduces the need for sick leave.

Through awareness and education, the department encourages healthy lifestyles of employees in order that they function to the best of their abilities in their roles as members of the community and the department.

Department Use of Social Media

113.1 PURPOSE AND SCOPE

This policy provides guidelines to ensure that any use of social media on behalf of the Department is consistent with the department mission.

This policy does not address all aspects of social media use. Specifically, it does not address:

- Personal use of social media by department members (see the Employee Speech, Expression and Social Networking Policy).
- Use of social media in personnel processes (see Recruitment and Selection Policy).

113.1.1 DEFINITIONS

Definitions related to this policy include:

Social Media - Any of a wide array of Internet-based tools and platforms that allow for the sharing of information, such as the department website or social networking services.

113.2 POLICY

The Chelan County Regional Justice Center may use social media as a method of effectively informing the public about department services, issues, investigations and other relevant events.

Department employees shall ensure that the use or access of social media is done in a manner that protects the constitutional rights of all.

113.3 AUTHORIZED USERS

Only employees authorized by the Chelan County Regional Justice Center or the authorized designee may utilize social media on behalf of the Department. Authorized employees shall use only department-approved equipment during the normal course of duties to post and monitor department-related social media, unless they are specifically authorized to do otherwise by the Director or the authorized designee.

The Director may develop specific guidelines identifying the type of content that may be posted. Any content that does not strictly conform to the guidelines should be approved by the Director or the authorized designee.

Requests to post information over department social media by employees who are not authorized to post should be made through the employee's chain of command.

113.4 AUTHORIZED CONTENT

Only content that is appropriate for public release, that supports the department mission and conforms to all department policies regarding the release of information may be posted.

Examples of appropriate content include:

- (a) Announcements
- (b) Tips and information related to crime prevention

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- (c) Investigative requests for information
- (d) Requests that ask the community to engage in projects that are relevant to the department mission.
- (e) Press Releases
- (f) Recruitment of personnel
- (g) Job Fairs

113.5 PROHIBITED CONTENT

Content that is prohibited from posting includes, but is not limited to:

- (a) Content that is abusive, discriminatory, inflammatory or sexually explicit.
- (b) Any information that violates individual rights, including confidentiality and/or privacy rights and those provided under state, federal or local laws.
- (c) Any information that could compromise an ongoing investigation.
- (d) Any information that could tend to compromise or damage the mission, function, reputation or professionalism of the Chelan County Regional Justice Center or its employees.
- (e) Any information that could compromise the safety and security of department operations, employees of the Department or the public.
- (f) Any content posted for personal use.
- (g) Any content that has not been properly authorized by this policy or a supervisor.

Any employee who becomes aware of content on this department's social media site that he/she believes is unauthorized or inappropriate should promptly report such content to a supervisor. The supervisor will notify the Director or Chiefs to request its removal from public view.

Anti-Retaliation

114.1 PURPOSE AND SCOPE

This policy prohibits retaliation against employees who identify workplace issues, such as fraud, waste, abuse of authority, gross mismanagement, or any inappropriate conduct or practices, including violations that may pose a threat to the health, safety, or well-being of employees.

This policy does not prohibit actions taken for nondiscriminatory or non-retaliatory reasons, such as discipline for cause.

These guidelines are intended to supplement and not limit employees access to other applicable remedies. Nothing in this policy shall diminish the rights or remedies of a employee pursuant to any applicable federal law, provision of the U.S. Constitution, state and local law, ordinance, or collective bargaining agreement.

114.2 POLICY

The Chelan County Regional Justice Center has a zero tolerance for retaliation and is committed to taking reasonable steps to protect from retaliation employees who, in good faith, engage in permitted behavior or who report or participate in the reporting or investigation of workplace issues. All complaints of retaliation will be taken seriously and will be promptly and appropriately investigated.

114.3 RETALIATION PROHIBITED

No employee may retaliate against any person for engaging in lawful or otherwise permitted behavior; for opposing a practice believed to be unlawful, unethical, discriminatory, or retaliatory; for reporting or making a complaint under this policy; or for participating in any investigation related to a complaint under this or any other policy.

Retaliation includes any adverse action or conduct, including but not limited to:

- Refusing to hire or denying a promotion.
- Extending the probationary period.
- Unjustified reassignment of duties or change of work schedule.
- Real or implied threats or other forms of intimidation to dissuade the reporting of wrongdoing or filing of a complaint, or as a consequence of having reported or participated in protected activity.
- Taking unwarranted disciplinary action.
- Spreading rumors about the person filing the complaint or about the alleged wrongdoing.
- Shunning or unreasonably avoiding a person because he/she has engaged in protected activity.

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Anti-Retaliation

114.4 COMPLAINTS OF RETALIATION

Any employee who feels he/she has been retaliated against in violation of this policy should promptly report the matter to any supervisor, any command staff member, the Director, or the county Director of Human Resources.

Employee's shall act in good faith, not engage in unwarranted reporting of trivial or minor deviations or transgressions, and make reasonable efforts to verify facts before making any complaint in order to avoid baseless allegations. Employees shall not report or state an intention to report information or an allegation knowing it to be false or with willful or reckless disregard for the truth or falsity of the information, or otherwise act in bad faith.

Investigations are generally more effective when the identity of the reporting employee is known, thereby allowing investigators to obtain additional information from the reporting employee. However, complaints may be made anonymously. All reasonable efforts shall be made to protect the reporting employee's identity. However, confidential information may be disclosed to the extent required by law or to the degree necessary to conduct an adequate investigation and make a determination regarding a complaint. In some situations, the investigative process may not be complete unless the source of the information and a statement by the employee are part of the investigative process.

114.5 SUPERVISOR RESPONSIBILITIES

Supervisors are expected to remain familiar with this policy and ensure that employees under their command are aware of its provisions.

The responsibilities of supervisors include but are not limited to:

- (a) Ensuring complaints of retaliation are investigated as provided in the Personnel Complaints Policy.
- (b) Receiving all complaints in a fair and impartial manner.
- (c) Documenting the complaint and any steps taken to resolve the problem.
- (d) Acknowledging receipt of the complaint, notifying the Director via the chain of command, and explaining to the employee how the complaint will be handled.
- (e) Taking appropriate and reasonable steps to mitigate any further violations of this policy.
- (f) Monitoring the work environment to ensure that any employee making a complaint is not subjected to further retaliation.
- (g) Periodic follow-up with the complainant to ensure that retaliation is not continuing.
- (h) Not interfering with or denying the right of a employee to make any complaint.
- (i) Taking reasonable steps to accommodate requests for assignment or schedule changes made by a employee who may be the target of retaliation if it would likely mitigate the potential for further violations of this policy.

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Anti-Retaliation

114.6 COMMAND STAFF RESPONSIBILITIES

The Director should communicate to all supervisors the prohibition against retaliation.

Command staff shall treat all complaints as serious matters and shall ensure that prompt actions take place, including but not limited to:

- (a) Communicating to all employees the prohibition against retaliation.
- (b) The timely review of complaint investigations.
- (c) Remediation of any inappropriate conduct or condition and instituting measures to eliminate or minimize the likelihood of recurrence.
- (d) The timely communication of the outcome to the complainant.

114.7 WHISTLE-BLOWING

Washington law protects employees who make good faith reports of improper government actions. Improper government actions include violations of Washington law, abuse of authority, gross waste of funds, and substantial and specific danger to the public health or safety (RCW 42.40.010 et seq.; RCW 49.60.210; RCW 42.41.010 et seq.).

Employees who believe they have been the subject of retaliation for engaging in such protected behaviors should promptly report it to a supervisor. Supervisors should refer the complaint to the Chief Deputy for investigation pursuant to the Personnel Complaints Policy.

114.7.1 DISPLAY OF REPORTING PROCEDURES

The department shall display the county policy to employees regarding their rights and the procedures for reporting information of an alleged improper government action. A copy of the policy shall be made available to employees upon request (RCW 42.41.030).

114.8 RECORDS RETENTION AND RELEASE

The Business Manager shall ensure that documentation of investigations is maintained in accordance with the established records retention schedules.

114.9 TRAINING

This policy should be reviewed with each new employee.

Chapter 2 - Organization and Administration

Drug- and Alcohol-Free Workplace

200.1 PURPOSE AND SCOPE

The purpose of this policy is to establish clear and uniform guidelines regarding drugs and alcohol in the workplace.

200.2 POLICY

It is the policy of the Chelan County Regional Justice Center to provide a drug- and alcohol-free workplace for all members.

200.3 GENERAL GUIDELINES

Alcohol and drug use in the workplace or on department time can endanger the health and safety of department members and the public.

Members who have consumed an amount of an alcoholic beverage or taken any medication, or combination thereof, that would tend to adversely affect their mental or physical abilities shall not report for duty. Affected members shall notify the Sergeant or appropriate supervisor as soon as the member is aware that the member will not be able to report to work. If the member is unable to make the notification, every effort should be made to have a representative contact the supervisor in a timely manner. If the member is adversely affected while on-duty, the member shall be immediately removed and released from work (see the Work Restrictions section in this policy).

200.3.1 USE OF MEDICATIONS

Members should avoid taking any medications that will impair their ability to safely and completely perform their duties. Any member who is medically required or has a need to take any such medication shall report that need to his/her immediate supervisor prior to commencing any on-duty status.

No member shall be permitted to work or drive a vehicle owned or leased by the Department while taking any medication that has the potential to impair his/her abilities, without a written release from his/her physician.

Possession of medical marijuana or being under the influence of marijuana on- or off-duty is prohibited and may lead to disciplinary action (RCW 69.51A.060).

200.3.2 MEDICAL CANNABIS

Possession, use, or being under the influence of medical cannabis on-duty is prohibited and may lead to disciplinary action (RCW 69.51A.060).

200.4 MEMBER RESPONSIBILITIES

Members shall report for work in an appropriate mental and physical condition. Members are prohibited from purchasing, manufacturing, distributing, dispensing, possessing, or using controlled substances or alcohol on department premises or on department time (41 USC § 8103). The lawful possession or use of prescribed medications or over-the-counter remedies is excluded from this prohibition.

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Members shall notify a supervisor immediately if they observe behavior or other evidence that they believe demonstrates that a fellow on-duty member is impaired due to drug or alcohol use.

Members are required to notify their immediate supervisors of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction (41 USC § 8103).

200.5 EMPLOYEE ASSISTANCE PROGRAM

There may be available a voluntary employee assistance program to assist those who wish to seek help for alcohol and drug problems (41 USC § 8103). Insurance coverage that provides treatment for drug and alcohol abuse also may be available. Employees should contact the Department of Human Resources, their insurance providers, or the employee assistance program for additional information. It is the responsibility of each employee to seek assistance before alcohol or drug problems lead to performance problems.

200.6 WORK RESTRICTIONS

If a member informs a supervisor that he/she has consumed any alcohol, drug or medication that could interfere with a safe and efficient job performance, the member may be required to obtain clearance from his/her physician before continuing to work.

If the supervisor reasonably believes, based on objective facts, that a member is impaired by the consumption of alcohol or other drugs, the supervisor shall prevent the member from continuing work and shall ensure that he/she is safely transported away from the Department.

200.7 REQUESTING SCREENING TESTS

A supervisor may request, through a Chief Deputy, an employee to submit to a screening test under any of the following circumstances:

- (a) The supervisor reasonably believes, based upon objective facts, that the employee is under the influence of alcohol or drugs that are impairing his/her ability to perform duties safely and efficiently.
- (b) The employee discharges a firearm in the performance of his/her duties-Excluding live-fire training and accidental discharges.
- (c) During the performance of his/her duties, the employee drives a motor vehicle and becomes involved in an incident that results in bodily injury to him/herself or another person, or substantial damage to property.

200.7.1 SUPERVISOR RESPONSIBILITY

The supervisor shall prepare a written record documenting the specific facts that led to the decision to request the test, and shall inform the employee in writing of the following:

- (a) The test will be given to detect either alcohol or drugs, or both.
- (b) The result of the test is not admissible in any criminal proceeding against the employee.

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- (c) The employee may refuse the test, but refusal may result in dismissal or other disciplinary action.

200.7.2 DISCIPLINE

An employee may be subject to disciplinary action if the employee:

- (a) Fails or refuses to submit to a screening test.
- (b) After taking a screening test that indicates the presence of a controlled substance, fails to provide proof within 72 hours after being requested that the employee took the controlled substance as directed, pursuant to a current and lawful prescription issued in the employee's name.

200.8 COMPLIANCE WITH THE DRUG-FREE WORKPLACE ACT

No later than 30 days following notice of any drug statute conviction for a violation occurring in the workplace involving a member, the Department will take appropriate disciplinary action, up to and including dismissal, and/or requiring the member to satisfactorily participate in a drug abuse assistance or rehabilitation program (41 USC § 8104).

200.9 CONFIDENTIALITY

The Department recognizes the confidentiality and privacy due to its members. Disclosure of any information relating to substance abuse treatment, except on a need-to-know basis, shall only be with the express written consent of the member involved or pursuant to lawful process.

The written results of any screening tests and all documents generated by the employee assistance program are considered confidential medical records and shall be maintained separately from the employee's other personnel files.

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201.1 PURPOSE AND SCOPE

The Director shall prepare and present a budget request that ensures an adequate allocation of resources for facility operations and programming for the budget cycle. Budget requests shall be prepared in the manner and detail prescribed by the Department. Service goals and objectives should be delineated in the budget plan.

201.2 POLICY

The Department's responsibilities include the development of a budget plan, submitting the plan to the Board of County Commissioners (BOCC) and monitoring the facility's progress toward meeting its budget objectives throughout the budget cycle.

A fiscal system has been established that accounts for all income and expenditures on an ongoing basis. Methods for collecting, safeguarding and disbursing monies shall comply with established accounting procedures.

201.3 BUDGET PLAN

A record of a historical pattern of expenditures along with a justification for new expenditures should be used as the supporting documentation in the development of the budget plan.

Once completed, the budget plan will be submitted to the Board of County Commissioners's for review and approval and/or returned to the Department for additional development. Once the budget plan has been approved by the Board of County Commissioners (BOCC) or the authorized designee, the Department may initiate expenditures in accordance with the plan.

201.4 FISCAL ACCOUNTING AND MANAGEMENT OF APPROVED BUDGET

The Administration is responsible for monitoring the facility's progress toward meeting its budget objectives throughout the fiscal year. Data on key performance indicators should be collected and evaluated at regular intervals and reviewed by the Director and the Director's budget officials and other policy-makers. Reports should contain at a minimum the following information:

- The budget amount
- The amount expended for the month
- The year-to-date amount expended
- Any outstanding encumbrances
- The cumulative total year-to-date expenditures plus outstanding encumbrances

When the Director receives the monthly budget report, he/she should review all of the expenditure accounts for risk indicators, such as:

- Significant variations in expenditures in an account used consistently, where the amounts charged are expected to vary little, if any, from month to month.

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- Expenditures that are significantly beyond the forecasted amounts or whether the year-to-date percentages expended are significantly higher than the percentage of time elapsed.
- Large balances of/or long-term outstanding encumbrances.

Fiscal data collected during the year should be used to formulate a budget for the following year.

201.4.1 PAYMENT REQUESTS FOR STATE INMATES

Any detention facility housing an inmate who is the financial responsibility of the state shall complete the Department of Corrections form noting the identity of the inmate, the type of state responsibility, the method of notification for availability for movement and the number of days for which the state is financially responsible (RCW 70.48.450).

201.5 TRANSFERRING FUNDS AMONG BUDGET CATEGORIES

Unless otherwise specified, the transfer of funds among budget categories may require the approval of the Board of County Commissioners (BOCC).

201.6 FINANCIAL AUDITS

Chelan County, at their discretion, should ensure that a financial audit of the facility is conducted annually. The audit shall conform to generally accepted auditing standards.

201.6.1 POSITION CONTROL

Position control is the process used by the Department to exercise control over the size and cost of its workforce. It ensures that any new, regular employee added to an agency's payroll basis is filling a position that has been approved and budgeted, and that the rate of pay for the position is within the salary range for the job classification in which the position resides (RCW 41.14.140).

This facility is one of the most labor-intensive functions and therefore control of payroll expenditures is a crucial part of managing the facility budget. In order to exercise control of payroll expenditures, the Department will utilize a system of position control as part of its ongoing budget process.

201.7 STAFFING PLAN

The Director should maintain an up-to-date staffing plan for the purpose of exercising position control. The staffing plan should include a comprehensive list of all positions in this facility. Each position has a descriptive job title that is associated with a description of the position's duties and responsibilities. Each position will have a written job description for all position classifications and post assignments that define responsibilities, duties and qualifications

The Director should adhere to the following strategies for the management of position control and personnel costs (RCW 41.14.140):

- (a) Ensure that this facility is staffed with the appropriate number and type of staff. The proper allocation and deployment of staff across shifts and functional units is essential. In addition, the availability of the right classification of staff (e.g., custody

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staff supervising inmates, maintenance staff performing maintenance, food service staff preparing meals) with the appropriate job skills and training enhances efficiency.

- (b) Strategically time the filling of newly authorized positions or vacancies in current positions. Strategic timing is important throughout the budget year to create vacancy savings that can be used to address current budget year shortfalls.
- (c) Manage the use of overtime carefully. The historical use of overtime should be tracked to make the case for additional staff and/or to provide sufficient funding in an overtime line item. The use of overtime should also be monitored at regular intervals to verify that it is being used within projected levels.
- (d) Manage the use of part-time staff. The number of hours worked by part-time staff should be monitored to ensure that part-time employees are not working in excess of what has been authorized (e.g., a part-time employee should be working less than 70 hours per month).
- (e) Establish and maintain procedures to ensure the accuracy and integrity of payroll documentation. Time sheets and related documentation should reflect actual hours worked. Supervisory approval should be required prior to payment.
- (f) Consider the impact of position upgrades on the entire job classification. An upgrade for one position may set the stage for upgrades of similar positions within the same job classification.

Supervision of Inmates - Minimum Requirements

202.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure the safety and security of the facility through the application of appropriate staffing levels.

202.2 POLICY

It is the policy of this facility to provide for the safety and security of citizens, staff and inmates through appropriate staffing levels that are sufficient to operate the facility and perform functions related to the safety, security, custody and supervision of inmates.

202.3 SUPERVISION OF INMATES

There should be, at all times, sufficient staff designated to remain in the facility for the supervision and welfare of inmates, to ensure the implementation and operation of all programs and activities and to respond to emergencies when needed. Such staff must not leave the facility while inmates are present and should not be assigned duties that could conflict with the supervision of inmates.

Staff members shall not be placed in positions of responsibility for the supervision and welfare of inmates of the opposite sex in circumstances that can be described as an invasion of privacy or that may be degrading or humiliating to the inmates.

To the extent reasonably practicable, inmate bathrooms will contain barriers that preserve privacy without creating areas that cannot be properly supervised.

Prohibition on Inmate Control

203.1 PURPOSE AND SCOPE

The purpose of this policy is to define the requirement that staff should at all times exercise control of the inmate population under their supervision and should prevent inmates from controlling other inmates within the facility.

203.2 POLICY

All staff, including support staff, contractors and volunteers should exercise control and supervision of all inmates under their control. It is the policy of this department to prohibit any staff member to implicitly allow, or by dereliction of duty allow, any inmate or group of inmates to exert authority over any other inmate.

203.3 EDUCATION, DRUG OR ALCOHOL PROGRAM ASSISTANTS

Any use of inmates will be expressly authorized by the Director in a legally prescribed manner. Any program that uses inmates to assist in legitimate program activities will be closely supervised by facility employees or vocational instructors. Nothing in this section is intended to authorize an inmate program assistant to engage in disciplining other inmates.

Equipment Inventory and Supplies

204.1 PURPOSE AND SCOPE

This facility must have the materials, supplies and equipment that are necessary to maintain effective and efficient operations. This policy establishes responsibilities and requirements for purchasing, storing and inventory of those items.

204.2 POLICY

The Director or his designee shall ensure that all jail property and fixed assets are inventoried annually and that all supplies purchased are reconciled with the invoice, in accordance with the limits set by the auditor, prior to payment.

The Jail maintains a secure storage area for the purpose of storing supplies and equipment. The Director or his designee shall maintain oversight of the area.

With the exception of medical supplies, which are ordered by the medical staff, the Administration is responsible for the purchasing and acquisition of materials and equipment for this facility. Supplies and equipment that are not needed for immediate use should be stored in a secure storage area.

Requisition forms bearing the signature of the supervisor should be completed and received by the Administration before any supplies or equipment are purchased and distributed to the facility. Any encumbrance to this facility's budget requires review and approval by the Director and the Business Manager.

The Department Administration, in conformance with established policies, is responsible for negotiating all other purchases.

204.3 PURCHASING

The Director, along with the Business Manager, is responsible for managing the purchasing process to ensure that amounts and types of purchases fall within budget parameters. The Director must also ensure that this facility's purchasing process complies with applicable laws, regulations and department policies.

Personnel with spending authority should adhere to the following strategies:

- (a) Be knowledgeable about the county's requirements and procedures for purchasing goods and services.
- (b) Establish a working relationship with this facility's Business Manager.
- (c) Provide the Business Manager with information describing the types of goods and services required to operate the facility.
- (d) Ensure that staff with spending authority follow procedures that outline the process for submission and approval of purchase requisitions.
- (e) Review purchase requisitions to verify the need, urgency and priority.

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- (f) Monitor service contracts to ensure that this facility is receiving the scope and quality of services specified in the contract.
- (g) Regularly monitor expenditures to make certain the purchase of goods and services is charged to the appropriate accounts and within budget limits.
- (h) Keep purchase records to maintain the integrity and availability of purchasing documents, including requisitions, purchase orders, receiving reports and invoices.

204.4 EQUIPMENT INVENTORY

The Director or authorized designee will conduct an audit on all supplies and equipment annually. All losses will be reported by the Director to the Board of County Commissioners (BOCC). The Administration may also conduct an interim audit on all fixed assets in order to maintain a complete and accurate accounting of equipment and its location.

Tool and Culinary Equipment Control

205.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a tightly controlled process for the use of tools and culinary equipment in order to reduce the risk of such items becoming weapons for the inmate population. While there are times that specific inmate workers may need to possess tools or equipment for legitimate daily operations, the possession and use of those tools must be carefully monitored and controlled by staff.

205.2 POLICY

It is the policy of this facility to securely store, inventory, control and monitor the use of tools and culinary equipment to ensure accountability and the secure use of these items.

205.2.1 CUSTODY TOOLS

Tools include all implements that are maintained within the secure perimeter of the facility to complete specific tasks. These tools include, but are not limited to, mops, brooms, plumbing tools, dustpans and floor polishers.

All tools, culinary items or medical equipment shall be locked in secure cabinets or storage rooms when not in use. Tools should be inspected regularly for damage or wear and repaired or replaced as necessary.

Any time tools are brought into a secure area where inmates are present, staff supervising the area shall count the number of tools brought in to ensure that the same number of tools are taken out.

Any tool that is used within the secure perimeter of the facility must be closely monitored and controlled by the staff supervising the area so that it cannot be used as a weapon. Inmates who are assigned tasks that require these tools shall be closely supervised.

The loss of any tool will be immediately reported to the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool, including:

- (a) Detaining and searching any inmate who had access to the tool.
- (b) Conducting a thorough search of the immediate area for the missing item.
- (c) Initiating a facility-wide search, if necessary.

The staff member responsible for the supervision of the use of missing tool will prepare and submit a special report to the On-duty supervisor documenting the specific tool that is missing and the circumstances of the disappearance. The report will be forwarded to the Director.

205.2.2 MAINTENANCE OR CONSTRUCTION TOOLS

Maintenance or construction tools are those tools and equipment that are brought into and out of the secure perimeter of the facility by employees or contractors to facilitate repairs or construction of the physical plant. Only the tools and equipment needed specifically for the intended work will be permitted into the facility.

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Prior to entering the secure perimeter of the facility, the contractor shall be instructed to maintain personal possession of the tools at all times. When it is necessary to complete a task in an area where inmates are present, the inmates may be locked down by staff supervising the area.

When the person has finished working in the area, a deputy will ensure that all tools are accounted for. In the event of a discrepancy, the on-duty supervisor shall be immediately notified and appropriate action taken to locate or account for the items. Once all tools have been accounted for, the inmates may be released from lockdown.

205.2.3 KITCHEN EQUIPMENT

Culinary tools are located in the kitchen and include common tools used in the preparation, service and delivery of meals.

All kitchen knives or metal tools with sharp edges shall be stored in a locked cabinet. When in use, all knives shall be tethered to the work area. All tools shall be returned to the secure cabinet when not in use.

Kitchen staff assigned to the kitchen shall inventory all kitchen tools at the beginning of his/her shift and prior to the arrival of inmate workers. Kitchen tools will only be issued to inmates who have been classified as inmate workers. Staff will supervise inmates at all times when the inmates are using tools.

When an inmate worker is finished with a tool, the tool shall be checked in with the kitchen staff and documented. Inmate workers shall not be permitted to pass tools between each other except under the direct supervision of kitchen staff.

All tools will be returned to the kitchen tool cabinet at the end of each shift and all tools must be accounted for prior to any inmate worker being released from the work assignment.

In the event that a kitchen tool is missing, kitchen staff shall immediately notify the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool. A thorough search for the tool will be undertaken and a special report shall be completed by the kitchen staff responsible for the supervision of the use of the tool. The special report with all relevant information shall be forwarded to the Director.

205.2.4 SERVING AND KITCHEN PREPPING TOOLS

In the event that a serving tool is missing, the kitchen staff shall notify a supervisor and a search for the tool shall be initiated.

205.3 TOOL MAINTENANCE

Tools should be inspected regularly for damage or wear and repaired or replaced as needed.

Disposition of Evidence

206.1 PURPOSE AND SCOPE

The purpose of this policy is to provide direction regarding the proper handling and disposition of contraband and evidence to ensure that the chain of custody is maintained so that evidence is admissible in a court of law or disciplinary hearing.

206.2 POLICY

It is the policy of the Chelan County Regional Justice Center to seize evidence and contraband in accordance with current constitutional and search-and-seizure law. Members of this department shall properly handle all contraband and evidence in order to maintain its admissibility. All contraband and evidence shall be handled in a safe manner and in a way that will maintain the chain of custody.

206.3 INITIAL SEIZURE OF EVIDENCE

Any staff member who first comes into possession of any evidence should retain such evidence in his/her possession until it is properly tagged and booked. When handling evidence, staff should observe the following safety precautions:

- (a) Unload any firearm located in the approved loading/unloading area outside of the facility. If it is a revolver, the cylinder should be left open. If it is a semiautomatic pistol, the magazine shall be removed and the slide locked back in an open position. The cartridges and/or magazine will be packaged separately and booked with the firearm.
- (b) Sheath any knife or other stabbing instrument in its holster (if any), or attach (tape) stiff cardboard to completely cover the blade.
- (c) Place needles, such as syringes, into a hard plastic container that cannot be punctured by the needle.
- (d) If the evidence is contraband and will be used for the purposes on the infraction process, a photo of the contraband is sufficient. The photo will be attached to the infraction.
- (e) Place suspected narcotics and drugs in a separate sealed container.

206.4 EVIDENCE BOOKING PROCEDURE

All evidence shall be booked prior to the employee going off-duty unless otherwise approved by a supervisor. Employees booking evidence shall observe the following guidelines:

- (a) Complete the evidence/property describing each item of evidence separately, listing all serial numbers, suspect's/inmates name, finder's name, date and other identifying information or markings.
- (b) Complete an evidence/property tag and attach it to the Evidence log book.
- (c) Submit the original evidence/property bag with the special report. A copy shall be placed with the evidence in the temporary evidence storage locker or with the property if it is stored somewhere other than a property locker.

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- (d) When the evidence is too large to be placed in a locker, retain the item in the secure supply room or another area that can be secured from unauthorized entry. Place the completed evidence/property bag and special report into a numbered locker indicating the location of the evidence.

206.4.1 NARCOTICS AND DANGEROUS DRUGS

All narcotics and dangerous drugs shall be booked separately using a separate evidence/property bag. Paraphernalia shall also be booked separately. A copy of the special report shall be placed with the evidence in the evidence storage locker and shall also be distributed in accordance with current evidence booking procedures.

206.4.2 EXCEPTIONAL HANDLING

Certain evidence items require a separate process. Bodily fluids, such as blood or semen stains, shall be air-dried prior to booking.

206.4.3 RECORDING OF EVIDENCE OR PROPERTY

The evidence deputy receiving custody of evidence or property shall record on the Contraband Inventory sheet, his/her signature, the date and time the evidence was received.

An evidence/property number shall be obtained for each item or group of items. This number shall be recorded on the Contraband Inventory sheet.

Any changes in the location of evidence held by the Department shall be noted on the Contraband Inventory sheet.

206.4.4 EVIDENCE CONTROL

Every time evidence or property is released or received, an appropriate entry on the evidence package and Contraband Inventory sheet shall be completed to maintain the chain of custody. No property or evidence is to be released without first receiving written authorization from a supervisor or the evidence deputy who is managing the case.

Deputies desiring evidence for court shall contact the evidence deputy at least one day prior to the court day.

206.4.5 TRANSFER OF EVIDENCE TO CHELAN COUNTY SHERIFFS OFFICE

The transporting employee will check the evidence out of property, indicating the date and time on the Evidence Log book, and complete a request for laboratory analysis and/or storage.

The evidence deputy releasing the evidence must complete the required information. Upon delivering the item, the deputy will record the delivery time on both copies and indicate the locker in which the item was placed or the sheriffs office employee to whom it was delivered.

206.4.6 STATUS OF EVIDENCE

Each person receiving evidence will make the appropriate entry to document the chain of custody. Temporary release of property to a law enforcement authority for investigative purposes or for court shall be noted on the Evidence Log book, stating the date, time and to whom it was released.

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The evidence deputy shall obtain the signature of the person to whom the evidence was released and the reason for release. Any employee receiving evidence shall be responsible for such evidence until it is returned to property or released to another authorized person or entity.

The return of the evidence should be recorded and completed by the evidence deputy on the Evidence Log book, indicating date, time and the name of the person who returned the evidence.

Records and Data Practices

207.1 PURPOSE AND SCOPE

This policy establishes guidelines for the control and access of confidential records by staff, contractors and volunteers.

207.2 ACCESS TO CRIMINAL RECORDS

Official files, documents, records, electronic data, video and audio recordings and information held by the Chelan County Regional Justice Center or in the custody or control of department employees, volunteers or contractors are regarded as non-public and/or confidential.

Access to confidential paper or electronically generated records in this facility is restricted at various locations according to job function and the need to know. Employees working in assigned areas will only have access to the information that is necessary for the performance of their duties. Granting access to other employees or anyone outside of the work area must meet with supervisory approval. All requests for information received from outside the Department shall be forwarded to the Director.

Custody staff, volunteers and contractors shall not access, disclose or permit the disclosure or use of such files, documents, reports, records, video or audio recordings or other confidential information except as required in the performance of their official duties and in accordance with department policies, statutes, ordinances and regulations related to data practices.

Custody staff, volunteers and contractors who are uncertain of the confidentiality status of any document should consult with a supervisor or the Director to determine the status of the documents in question.

207.3 USE OF A CENTRAL COMPUTERIZED ENFORCEMENT SERVICE SYSTEM (ACCESS)

A Central Computerized Enforcement Service System (ACCESS) is a computer controlled communications system located at the WSP Information Technology Division. ACCESS provides service to all the state and national information systems. The Chief of the WSP is vested with the authority to administer all operating phases of ACCESS and WACIC. There are specific requirements for agencies accessing the information in the group of computers systems in ACCESS.

207.3.1 ACCESS USE REQUIREMENTS

No member of the Chelan County Regional Justice Center shall operate any of the ACCESS systems without first complying with the training requirements

207.3.2 ACCESS REQUIREMENTS

As an authorized ACCESS user, the Chelan County Regional Justice Center complies with all of the following ACCESS requirements:

- (a) Receiving information from outside agencies

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- (b) Recording information
- (c) Verifying information
- (d) Cancelling information
- (e) Providing 24 hour access to agency warrants

It is the responsibility of the Access Coordinator to ensure that all ACCESS computer and network security requirements are in place and operational.

207.4 RETENTION OF RECORDS

All official files, documents, records, electronic data, video and audio recordings and information held by the Chelan County Regional Justice Center shall be maintained subject to WAC 44-14-03005. Record retention schedules are established by the Washington Secretary of State and are available on the office's website.

This department shall comply with the Preservation and Destruction of Public Records Act governing preservation and destruction of records.

207.5 STAFF TRAINING

Prior to being allowed to work inside this facility, all custody staff, volunteers and contractors will receive training on department records, policies and confidentiality requirements, including the potential criminal and civil penalties that may result from a breach of confidentiality in violation of this policy and all applicable statutes (RCW 40.16.010 and RCW 40.16.020).

Research Involving Inmates

208.1 PURPOSE AND SCOPE

The purpose of this policy is to establish safeguards and guidelines to protect inmates from being used as research subjects in medical and other research experiments based only on their status as inmates and without proper approval, review or informed consent.

208.2 POLICY

The Chelan County Regional Justice Center will conduct and support research that improves operations, enhances professional knowledge, decreases recidivism and advances the department's mission in accordance with existing laws and with appropriate protection of all inmates. However, the use of inmates for medical, pharmaceutical or cosmetic experiments is prohibited.

208.3 AUTHORIZATION REQUIREMENTS

Prior to initiating any approved research, all persons conducting research in this facility must agree to abide by all department policies relating to the security and confidentiality of inmate files. Based upon the intended use of the research, guidelines will be established regarding what information shall be accessible to the researcher or the research organization.

Any requests for an exception shall include a response to the following questions as part of the proposed research project:

- Who is conducting the research?
- What is the purpose of the research?
- What is the methodology?
- Do the researchers or persons advocating research involving the use of inmates have an understanding of their ethical responsibilities, including considerations for the establishment of an Institutional Review Board (IRB), as described in 45 CFR 46.301 et seq.?
- Any other information as deemed appropriate by the Director.

Inquiries regarding proposed research projects from local, state and federal executive and legislative bodies/agencies will be brought to the attention of the Director immediately by the employee who receives the request. At the direction of the Director, an appropriate and timely response will be made to each legitimate inquiry.

Research or studies involving more than the information identified as public information may require signed release/waiver forms from the involved inmates. The Director should consult and seek guidance from the legal counsel serving the Department or other legal expert in these matters.

Inmates are not precluded from individual treatment based on the need for a specific medical procedure that is not generally available. An inmate's treatment with a new medical procedure

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by the inmate's own physician shall be undertaken only after the inmate has received a full explanation of the positive and negative features of the treatment, and only with the inmate's informed consent.

208.4 LEGAL CONSIDERATIONS

Any research conducted or supported by the United States Department of Health and Human Services will be required to comply with the provisions of 45 CFR 46.301 et seq.

208.5 HUMAN RESEARCH STUDIES

This department does not endorse enrolling inmates into human research studies. Requests to enroll inmates in human research studies will not ordinarily be approved. However, any request to enroll an inmate into such a study must be reviewed by the Director, the Health Care Authority and legal counsel, and authorization provided prior to enrollment. Any authorized enrollments shall comply with all state and federal guidelines.

Inmate Records

209.1 PURPOSE AND SCOPE

This policy establishes the procedures required to create and maintain accurate records of all persons booked and confined in this facility.

209.2 POLICY

It is the policy of this department that all records shall be complete and comprehensive, resulting in reliable data that provides information about each inmate's period of confinement, as well as histories of previous confinement in this facility. All inmate records are official department documents and should be used for official business only. Inmate records are a vital component of the criminal justice system and should only be released to authorized persons.

209.2.1 RECORD MAINTENANCE

It shall be the responsibility of the Records Section to maintain the following records on all persons who have been committed or assigned to this facility, including, but not limited to, the following:

- Information gathered during the admission process as provided in the Inmate Reception Policy
- Photographs and fingerprints cross referenced to the inmate number
- Duration of confinement
- Court-generated background information
- Cash and property receipts
- Classification records, including inmate classification levels and housing restrictions
- Housing history records
- Reports of disciplinary events and dispositions
- Grievances and dispositions
- Reports of incidents or crimes committed during confinement
- Court appearances, documents and the disposition of hearings
- Visitation records
- Telephone records
- Medical, dental, mental health, drug and alcohol screenings, assessments, treatments, medications

The inmate records shall be identified and separated according to a format developed and approved by the Director or the authorized designee.

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Inmate Records

209.2.2 RELEASE OF INMATE RECORDS

Inmate records are confidential and shall be used for official business only. Any release of inmate records shall be made only in compliance with a lawful court order or as authorized by state and federal law to persons having a legitimate criminal justice need, or with a consent form signed by the inmate (RCW 70.48.100). A copy of the release authorization document shall be maintained in the inmate record file.

209.2.3 ELECTRONIC RECORD MAINTENANCE

All inmate records and data maintained in an electronic format shall be accessible only through a login/password-protected system capable of documenting by name, date and time any person who has accessed the information. The Director shall be responsible for working with the information technology personnel to ensure the security of the data and to develop and maintain a copy of the security plan.

209.2.4 RECORDS RETENTION

Inmate records shall be maintained consistent with the established records retention schedule.

209.3 INFORMATION SHARING REGARDING IMMIGRATION STATUS

No member of this department will prohibit, or in any way restrict, another member from doing any of the following regarding the citizenship or immigration status, lawful or unlawful, of any individual (8 USC § 1373):

- (a) Sending information to, or requesting or receiving such information from federal immigration officials
- (b) Maintaining such information in department records
- (c) Exchanging such information with any other federal, state, or local government entity

209.3.1 NON-DISCLOSURE OF PERSONAL INFORMATION

Members shall not disclose to a federal immigration official who is investigating a non-criminal matter, nonpublic personal information about an inmate except as required by state or federal law (RCW 10.93.160).

Report Preparation

210.1 PURPOSE AND SCOPE

Report preparation is a major part of each employees's job. The purpose of these reports is to document incidents at the facility, refresh the employee's memory and provide sufficient information for a follow-up investigation and successful prosecution or a disciplinary proceeding. Report writing is the subject of substantial formal and on--the--job training.

210.2 POLICY

It is the policy of the Chelan County Regional Justice Center that employees shall act with promptness and efficiency in the preparation and processing of all reports.

210.3 REPORT PREPARATION

Employees should ensure that reports are sufficiently detailed for their purpose and free from errors prior to submission. Reports shall be prepared by the staff assigned to investigate or document an incident, approved by a supervisor, and submitted to the Director or the authorized designee in a timely manner. Reports related to any incident resulting in death, serious injury, or endangerment to staff, inmates, or a visitor; an escape; a major disturbance; a facility emergency; or an unsafe condition at the facility shall be submitted to the Director as soon as possible. It is the responsibility of the assigned employee to ensure that all the above-listed reports meet this requirement or that supervisory approval has been obtained to delay the report. The supervisor must determine whether the report will be available in time for appropriate action to be taken, such as administrative notifications or resolution, investigative leads, or an inmate disciplinary proceeding.

All reports shall accurately reflect the identity of the persons involved, all pertinent information seen, heard, or assimilated by any other sense, and any actions taken. Employees shall not suppress, conceal, or distort the facts of any reported incident, nor shall any employee make a false report orally or in writing. Generally, the reporting employee's opinions should not be included in reports unless specifically identified as such.

210.4 REQUIRED REPORTING

Written reports are required in all of the following situations on the appropriate department-approved form unless otherwise approved by a supervisor.

210.4.1 CRIMINAL ACTIVITY REPORTING

When an employee responds to an incident, or as a result of selfinitiated activity, and becomes aware of any activity where a crime has occurred, the employee is required to document the activity. The fact that a victim is not desirous of prosecution is not an exception to documentation.

210.4.2 INCIDENT REPORTING

Incident reports generally serve as an in-house notation of occurrences in the facility and to initiate, document and support the inmate disciplinary process. The Department shall establish a filing

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system that differentiates between incident reports, crime reports, and disciplinary actions. This policy does not require the duplication of information on two different forms. Where both exist, cross-referencing facilitates retrieval of one or both.

Incidents that shall be documented using the appropriate approved report include:

- (a) Non-criminal incidents of rule violations by inmates.
- (b) Attempted suicide on the part of an inmate.
- (c) Non-criminal breaches of security or evidence of an escape attempt.
- (d) Non-criminal security threats, including intelligence related to jail activities.
- (e) Significant incidents related to medical issues, health, or safety in the jail.
- (f) Discovery of dangerous or illegal contraband in the possession of inmates or their housing areas.
- (g) Detaining or handcuffing any visitor at the facility.
- (h) Traffic collisions involving department vehicles.
- (i) Risk management incidents, including injuries to inmates and lost or damaged property.
- (j) Accidental injuries of staff, inmates, or the public.
- (k) Unusual occurrences.

210.4.3 DEATHS

All inmate deaths will be investigated and a report completed by the Special Investigation Unit (SIU) to determine the manner of death and to gather information, including statements of inmates and staff who were in the area at the time the death occurred.

Reporting of deaths will be handled in accordance with the Reporting In-Custody Deaths Policy.

210.4.4 INJURY OR DAMAGE BY DEPARTMENT PERSONNEL

Reports shall be taken if an injury occurs that is a result of an act of an employee. Reports shall be taken involving damage to department property or equipment.

210.4.5 USE OF FORCE

Reports related to the use of force shall be made in accordance with the Use of Force Policy.

210.5 GENERAL POLICY OF EXPEDITIOUS REPORTING

In general, all employees and supervisors shall act with promptness and efficiency in the preparation and processing of all reports. Incomplete reports, unorganized reports, or reports delayed without supervisory approval are not acceptable. Reports shall be processed according to established priorities or according to special priority necessary under exceptional circumstances.

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210.5.1 GENERAL POLICY OF HANDWRITTEN REPORTS

Some incidents and report forms lend themselves to block print rather than typing. In general, the narrative portion of those reports in which there is a long narrative should be typed or dictated.

Supervisors may require, with the foregoing general policy in mind, block printing or typing of reports of any nature for department consistency.

210.6 REPORT CORRECTIONS

Supervisors shall review reports for content and accuracy. If a correction is necessary, the reviewing supervisor should return it to the reporting employee for correction as soon as practicable. It shall be the responsibility of the originating employee to ensure that any report returned for correction is processed in a timely manner. It shall be the responsibility of the supervisor rejecting the report to follow up on any report corrections not received in a timely manner.

210.7 REPORT CHANGES OR ALTERATIONS

Reports that have been approved by a supervisor and submitted to the Records Section for filing and distribution shall not be modified or altered except by way of a supplemental report. Reviewed reports that have not yet been submitted to the Records Section may be corrected or modified by the authoring employee only with the knowledge and authorization of the reviewing supervisor. Reviewing supervisors should not alter reports. When modifications are required, these should be the responsibility of the authoring employee.

Key and Electronic Access Device Control

211.1 PURPOSE AND SCOPE

The control and accountability of facility keys and electronic access devices are vital factors in maintaining a safe and secure environment for inmates, staff, volunteers, contractors and the public. This policy outlines the methods that the Department will use in maintaining strict security of its keys and electronic access devices. For ease of reference, the term “key” as used in this policy includes all physical means of access to or exit from the secure areas of the facility.

211.2 POLICY

It is the policy of this department that all keys used to access secure areas of the facility or to exit the secure areas of the facility are strictly controlled. Employees and supervisors will be held accountable for the security and safety of the facility.

211.2.1 KEY IDENTIFICATION

All keys that open any doors within the facility shall be marked with unique identification codes that will allow for quick inventory. Keys that are bundled together as a set shall be numbered or coded with a tag to identify that set.

211.2.2 KEYSSET CONTENTS

Keysets issued to staff for use within the secure perimeter of the facility shall not contain any key that would permit access to areas outside the secure perimeter.

211.2.3 KEY CONTROL

All facility key sets shall be maintained in a key box within the Control Room. This room shall have controlled access for staff only. Each person assigned to the facility shall be issued key cards bearing his/her employee number. Keysets will be exchanged for key cards to maintain a record of which employee has which set. At the end of a shift, employees shall exchange all keys for their key cards.

All keys must be checked out through the control process. Employees shall not possess any key for which they have not been authorized.

Employees shall not duplicate, mark, alter or manufacture any key without written authorization from the Director or the authorized designee.

Control shall, during their respective shifts, inventory the key box and its contents. All keys must be accounted for before the control room operator may end his/her shift.

Under no circumstances will security keys be made available to inmates regardless of their status.

211.2.4 LOCK POLICY

All security perimeter entrances, Control Room doors and cell doors shall be kept locked, except when used for admission or exit of employees, inmates or visitors, and in an emergency. Operators of sallyports shall ensure that only one of the doors of a sallyport is opened at any time for entry

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or exit purposes, except where the entry or exit of emergency personnel or job duties requires the operator to override the doors and allow for rapid entry or exit.

211.2.5 MISSING KEYS

Any staff member who discovers that a key or keyset is missing shall immediately make a verbal report to a supervisor and shall prepare a written incident report as directed by the supervisor. The supervisor shall immediately initiate a search for the missing key. If a reasonable effort to locate the key fails, the supervisor may order a lockdown of the facility. Inmates shall not be allowed to pass into or out of the facility without being thoroughly searched for the missing key. The supervisor shall, as soon as practicable, notify the Director or designee regarding the loss of the key, when it was discovered and the circumstances involved.

A methodical and thorough search of the entire facility will be made by the on-duty staff. Additional staff may be called to assist with the search. If, after a thorough search, the key or keyset is not located, the Director or designee will determine whether to re-key any locks that may have been compromised, and whether this should be done immediately.

The Director or designee may initiate an investigation into the disappearance of the keys to reexamine the procedures for key control.. Based upon the findings of the investigation and any recommendations, the procedures governing this policy may be amended.

211.2.6 DAMAGED KEYS OR LOCKS

Damaged keys or locks shall be promptly reported to a supervisor. All portions of the damaged key must be turned in to the supervisor, who will ensure duplicate keys are provided as needed. Damaged locks shall be replaced or repaired as soon as practicable. Appropriate security measures shall be taken until such time as the lock is properly restored. No lock to a security door or gate shall be permitted to be inoperable or left in an unsuitable condition. No inmate shall be secured in a cell, detention room or area that has inoperable locks.

211.3 ELECTRONIC ACCESS DEVICES

Proximity cards, fobs or other devices may be issued to staff to allow access to restricted or controlled areas of the facility. In the event of a lost or stolen device, an employee shall notify his/her supervisor as soon as it is known the device is missing. The device shall be immediately deactivated to prevent unauthorized use.

211.4 EMERGENCY KEY SET

At least one key set containing every key for the facility shall be kept separate from all other key sets in a secure location and made quickly accessible only to the Director, Chiefs, Sergeant, supervisor or the authorized designee in the event of an emergency.

Daily Activity Logs

212.1 PURPOSE AND SCOPE

Accurate and legible records are vital to the management of the facility. They provide a means for managers and staff to review events and emergency situations that have occurred within the facility.

This policy provides guidance for creating and maintaining accurate and legible records necessary for the management of the facility.

212.2 POLICY

This policy establishes the requirement for the preparation, maintenance and retention of permanent daily activity logs in Spillman to provide a record of both routine activities and unusual events such as emergencies or other notable occurrences.

212.3 PROCEDURES

All members assigned to a security post shall document all activities that take place on their assigned post in Spillman. The daily activity log is a permanent record of daily activities. Members who falsify any official document may be subject to disciplinary action, up to and including termination.

All members will adhere to the following procedures when documenting daily activity logs in Spillman :

- (a) Entries are logged into Spillman.
- (b) Entries should provide sufficient detail to ensure that the log entry or report properly reflects the events of the day.
- (c) Entries shall include the name of the individual making the entry.
- (d) Entries shall reflect the date and time of the event logged.
- (e) Entries created and stored electronically shall not be modified. If corrections or changes become necessary, they shall be done by a supervisor only.

212.4 DAILY ACTIVITY LOG

All pertinent activities should be documented in the daily activity log in Spillman. At a minimum this includes:

- Formal counts
- Safety checks, security checks and inspections and routine activities
- All cell searches
- Meal service and pickup
- Professional visits to the housing units, including maintenance work and tours
- Call lights

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- Medication delivery, sick call or inmate complaint of illness or injury and the action taken
- Disciplinary actions
- Supervisor rounds to the housing area and/or to specific inmates
- Unusual inmate behavior
- Discovered contraband
- Activities and programs offered (recreation, church services, A.A., etc...)
- Unusual occurrences
- Use of emergency equipment
- Any use of force
- Any application or removal of restraints
- Sanitation inspections

The daily activity log in Spillman will be retained in accordance with the Secretary of State records retention schedule and the Department records retention schedule (WAC 44-14-03005).

212.5 PASS DOWN

Each shift supervisor assigned to a security team, shall prepare a pass down for the oncoming supervisor. This report shall include the following:

- In-House population
- Number of inmates housed on each floor, along with selected housing units
- Total bookings and total releases
- Names of those housed in holding cells on each floor/intakes/CWH
- Information that would assist the oncoming staff
- Unusual occurrences

212.6 SUPERVISOR RESPONSIBILITIES

Supervisors shall review the daily activity log during the course of each shift. When appropriate, supervisors should include comments in the activity log with regard to an incident or unusual occurrence in the facility.

Whenever a major event in the facility requires a coordinated command response, the Incident Commander (IC) should designate someone to keep a running log that identifies, at a minimum, the following:

- Date and time the incident began
- Specific location of the incident
- Times of significant response measures taken during the incident

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- Name and time of arrival of personnel onscene
- Orders issued by the IC
- Significant events that occurred as a result of the incident

The above information should remain available to the IC throughout the event to assist with ongoing response planning.

Personnel Records

213.1 PURPOSE AND SCOPE

This policy governs the maintenance, retention and access to the personnel files of employees in accordance with established law. The personnel records of all employees contain confidential information and shall not be released or information disclosed from them except as prescribed below. This policy applies to all past and current personnel (RCW 42.56.230).

213.1.1 PERSONNEL FILES DEFINED

Personnel records - Any file maintained under an individual's name by his/her employing agency and containing records relating to any of the following:

- (a) Personal data, including marital status, family members, educational and employment history, home address, or similar information
- (b) Medical or psychological history
- (c) Election of employee benefits or affiliations
- (d) Employee advancement, appraisal, discipline, training, or employee performance reports
- (e) Complaints or investigation of complaints against the employee alleging misconduct or performance deficiencies, whether filed by a citizen or another agency or department
- (f) Any dispositions of such complaints
- (g) Any other information, the disclosure of which would constitute an unwarranted invasion of personal privacy

213.2 PERSONNEL RECORD LOCATIONS

Employee records will generally be maintained in any of the following:

Department File - That file which is maintained in the office of the Director or designee as a permanent record of an employee's service with this department.

Supervisor File - Any file that is separately maintained internally by an employee's supervisor for the purpose of completing timely performance evaluations. Any written comment, excluding actual performance evaluations, made by a supervisor concerning the conduct of an employee of this department.

Training File - Any file that documents the training records of an employee.

Investigation File - Those files that contain complaints of employee misconduct and all materials relating to an investigation into such allegations, regardless of disposition.

Emergency Contact File - Emergency contact information for all employees will be maintained in the Sergeant's office and the file will remain locked at all times unless needed for an emergency.

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Pre-employment personnel files, including background information, psychological evaluations and polygraph results, will also be maintained in the office of the Director or his/her designee or by the Department of Human Resources.

213.3 REQUESTS FOR DISCLOSURE OF PERSONNEL FILES

Requests for the disclosure of any information contained in any personnel record may be made by mail, email, fax, orally, or in person. Since the format of such requests may be strictly governed by law with specific responses required, all such requests shall be promptly brought to the attention of the Sergeant, the custodian of records, or other person charged with the maintenance of such records (WAC 44-14-03006).

The responsible person shall further ensure that an appropriate response to the request is made in a timely manner, in accordance with applicable law. In many cases this will require assistance of legal counsel, as the disclosure of personnel, medical, and similar files can constitute an unwarranted invasion of personal privacy or be subject to other protections.

All requests for disclosure that result in access to an employee's personnel file shall be logged in the corresponding file.

213.3.1 REQUESTS FOR DISCLOSURE OF FORMER EMPLOYEE FILES

Members receiving requests for information from another agency regarding allegations of sexual abuse or sexual harassment involving a former employee should work with counsel to ensure compliance with Prison Rape Elimination Act (PREA) requirements (28 CFR 115.17).

213.3.2 SUBPOENAS

Personnel files may be subpoenaed by a third party. If employment records are subpoenaed under state authority the employee may be notified and has the right to object to production of the records under certain circumstances.

Any subpoena duces tecum should be promptly provided to a supervisor for review and processing. While a subpoena duces tecum may ultimately be subject to compliance it is not an order from the court that will automatically require the release of the requested information.

All questions regarding compliance with any subpoena or subpoena duces tecum should be promptly referred to legal counsel for the Department so that a timely response can be prepared.

213.3.3 RELEASE OF CONFIDENTIAL INFORMATION

Except as provided by this policy or pursuant to lawful process, information contained in any personnel file shall not be disclosed to any unauthorized person without the prior written consent of the involved employee, written authorization of the Director or the authorized designee, or unless otherwise required by law.

Any person who willfully, maliciously, and with the intent to obstruct justice or the due administration of the laws, publishes, disseminates or otherwise discloses confidential personnel information without legal authority may be subject to prosecution and disciplinary action.

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213.3.4 NOTICE TO MEMBER

Upon receipt of a request for information located exclusively in a member's personnel records, the custodian of records is responsible for providing notice to the member, the union representing the member, and to the requestor, that includes (RCW 42.56.250):

- (a) The date of the request.
- (b) The nature of the requested record relating to the member.
- (c) That information in the record will be released if not exempt from disclosure at least 10 days from the date the notice is made.
- (d) That the member may seek to enjoin release of the records under RCW 42.56.540 (court protection of public records).

213.4 EMPLOYEE ACCESS TO OWN FILE

Any employee may request access to his/her own personnel file during normal business hours. The request should be directed to the individual responsible for maintaining such files. Any employee seeking the removal of any item from his/her personnel file shall file a written request to the Director through the chain of command. The Department may thereafter remove any such item if appropriate, or within 30 days provide the employee with a written explanation as to why the contested item will not be removed. If the contested item is not removed, the employee's request and the department's written response shall be retained with the contested item in the employee's personnel file (RCW 49.12.240).

Employees may be restricted from accessing files containing:

- (a) Ongoing investigations to the extent that it could jeopardize or compromise the investigation pending final disposition or notice to the employee of the intent to discipline.
- (b) Confidential portions of investigative files that have not been sustained against the employee.
- (c) Records relating to a possible criminal investigation.
- (d) Letters of reference.
- (e) Ratings, reports, or records that were obtained prior to the employee's employment.
- (f) Ratings, reports, or records that were prepared by identifiable examination committee members, or were obtained in connection with a promotional exam; this includes test questions, scoring keys, and other examination data used for employment.

Employees, former employees, and job applicants, upon request, may receive a copy of any instrument the person signed that is related to his/her application or employment.

213.5 TYPES OF PERSONNEL FILES

Employee personnel files can be located in any of the following places.

213.5.1 DEPARTMENT FILE

The Department file should contain but is not limited to the following:

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- (a) Performance evaluation reports annually completed by the appropriate supervisors and signed by the affected employee shall be permanently maintained by Chelan County Human Resources.
- (a) Records of all training (original or photocopies of available certificates, transcripts, diplomas, and other documentation) and education:
 - 1. It shall be the responsibility of the involved employee to provide the Professional Services Sergeant or immediate supervisor with evidence of completed training/education in a timely manner.
 - 2. The Professional Services Sergeant or supervisor shall ensure that copies of such training records are placed in the employee's department file.
- (b) Disciplinary action:
 - 1. Disciplinary action resulting from sustained internally initiated complaints or observation of misconduct shall be maintained in the individual employee's department file at least three years.
 - 2. Investigations of complaints that result in a finding of not-sustained, unfounded, or exonerated shall not be placed in the employee's department file, but will be separately maintained for the appropriate retention period in the investigative file.
- (c) Adverse comments, such as supervisor log entries, may be retained in the department file or division file, after the employee has had the opportunity to read and initial the comment, for a period up to two years.
 - 1. Any such employee response shall be attached to and retained with the original adverse comment.
 - 2. If an employee refuses to initial or sign an adverse comment, at least one supervisor should note the date and time of such refusal on the original comment. Such a refusal, however, shall not be deemed insubordination nor shall it prohibit the entry of the adverse comment into the employee's file.
- (d) Commendations shall be retained in the employee's department file, with a copy provided to the employee.
- (e) Personnel action reports reflecting assignments, promotions, and other changes in the employee's employment status shall be maintained in the department file.

213.5.2 DIVISION FILE

The Division File should contain but is not limited to:

- (a) Supervisor log entries, notices to correct, and other materials intended to serve as a foundation for the completion of timely performance evaluations.
 - 1. All materials intended for this interim file shall be provided to the employee prior to being placed in the file.
 - 2. Duplicate copies of items that will also be included in the employee's department file may be placed in this interim file in anticipation of completing any upcoming performance evaluation.

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3. Once the permanent performance evaluation form has been finalized, the underlying foundation material and/or duplicate copies may be purged in accordance with this policy.

All rules of confidentiality and disclosure shall apply equally to the division file.

213.5.3 INVESTIGATION FILE

Investigative files shall be maintained under the exclusive control of the Director. Access to these files may only be approved by the Director. These files shall contain:

- (a) The complete investigation of all formal complaints of employee misconduct, regardless of disposition.
 1. Investigation files arising from a complaint regarding any employee shall be maintained no less than two years.
- (b) Investigations that result in other than a sustained finding shall be maintained for the minimum statutory period but may not be used by the Department to adversely affect an employee's career.

213.5.4 TRAINING FILES

An individual training file shall be maintained by the Training Section for each employee. Training files will contain records of all training (original or photocopies of available certificates, transcripts, diplomas and other documentation) and education.

- (a) It shall be the responsibility of the involved employee to provide the Professional Services Sergeant or immediate supervisor with evidence of completed training/education in a timely manner.
- (b) The Professional Services Sergeant or supervisor shall ensure that copies of such training records are placed in the employee's training file.

213.6 PURGING OF FILES

All disciplinary files and investigations of complaints not pending litigation or other ongoing legal proceedings may be purged no sooner than two years from the underlying complaint date.

- (a) Each supervisor responsible for completing the employee's performance evaluation shall also determine whether any prior sustained disciplinary file should be retained beyond the statutory period for reasons other than pending litigation or other ongoing legal proceedings.
- (b) If a supervisor determines that records of prior discipline should be retained beyond the applicable statutory period, approval for such retention shall be obtained through the chain of command from the Director.
- (c) During the preparation of each employee's performance evaluation, all complaints and discipline should be reviewed to determine the relevancy, if any, to progressive discipline, training and career development. If, in the opinion of the Director, a complaint or disciplinary action beyond the statutory retention period is no longer relevant, all records of such matter may be destroyed pursuant to resolution.

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213.7 BRADY MATERIAL IN PERSONNEL FILES

The purpose of this section is to establish a procedure for releasing potentially exculpatory information (*Brady* material) contained within personnel files.

If an employee is a material witness in a criminal case, a person or persons designated by the Director may examine the subject deputy's personnel file to determine whether it contains *Brady* material.

Brady material includes all material evidence and facts that are reasonably believed to be exculpatory to any individual in a case (to impeach a witness, for example). Evidence or facts are considered material if there is a reasonable probability that they may affect the result of any criminal proceeding, including sentencing. If potential *Brady* material is located, the prosecuting attorney shall be notified.

Because a determination of what is or is not *Brady* material will often require legal or even judicial review, any questions should be resolved by the prosecuting attorney.

Prior to the release of any materials pursuant to this process, the custodian of records should request a protective order from the court limiting the use of such materials to the involved case and requiring the return of all copies upon completion of the case.

213.8 CONFIDENTIALITY OF ALL PERSONNEL FILES

In general, unless expressly stated by statutory exception, personnel files are subject to public disclosure. To the extent possible, all personnel records, whether or not subject to public disclosure, should be maintained as private records. Access to personnel files should be limited to only those local government employees who are needed to maintain the files and those who have a legitimate need for access or legal right to access. All of the personnel records listed in PERSONNEL RECORD LOCATIONS shall be deemed private, and access to such files will be limited to only those Department or county employees who are needed to maintain the files and those who have a legitimate need for access. Nothing in this section is intended to preclude review of personnel files by the Board of County Commissioners (BOCC), County Attorney, or other attorneys or representatives of the county in connection with official business.

Employee Compensation

214.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for reviewing compensation and benefit levels for all facility personnel when a labor organization process, Memorandum of Understanding (MOU) or other methodology does not exist. The goal of a compensation and benefit package should be to establish competitive salary and benefits to ensure the ability to recruit, hire and retain qualified staff.

214.2 POLICY

It shall be the policy of this department to strive for parity of compensation and benefits with similar occupational groups in the state or region, whenever fiscal conditions permit, to ensure the ability to recruit, hire and retain qualified staff. Compensation and benefits for deputies should be equal to those for Correctional officers working in the same organization or at the same level of government.

All compensation actions shall be in accordance with civil service rules, labor codes and MOUs for pay and benefits, and subject to fiscal conditions (RCW 41.14.150).

Administrative and Supervisory Inspections

215.1 PURPOSE AND SCOPE

The purpose of this policy is to establish both regularly scheduled and unannounced inspections of the facility's living and activity areas. This is to encourage contact with staff and inmates and to observe inmate living and working conditions. Inspections may be useful in identifying deficiencies, which can be corrected, as well as processes working properly, which may be replicated elsewhere in the facility.

215.2 POLICY

Tours and inspections shall be conducted by administrative and/or supervisory staff throughout the jail at least weekly to facilitate and encourage communication among administrators, managers, supervisors, staff employees and inmates.

215.3 INSPECTIONS

The Director or his designee is responsible for ensuring that scheduled and unscheduled inspections, visits and contacts are implemented to minimally include:

- (a) The general conditions and overall climate of the facility.
- (b) The living and working conditions of inmates.
- (c) Communication between administrators, managers, supervisors, staff, inmates and the visiting public.
- (d) Compliance with policies.
- (e) Safety, security and sanitation concerns.
- (f) Inmate concerns.
- (g) Meal services.

215.3.1 AREAS TO BE INSPECTED

Supervisor inspections should occur in all occupied areas of the facility on a daily basis, including weekends and holidays. Inspections should be conducted randomly and special effort should be given to tour and informally inspect the following areas:

- Inmate housing areas
- Booking and, including holding cells
- Outdoor recreation areas
- Visiting and program areas
- Medical rooms
- Vocational work areas, e.g., the kitchen, janitorial closets
- Sallyports and transportation staging areas

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215.4 INSPECTIONS OF SECURITY EQUIPMENT

The Director shall be responsible for designating a qualified person to conduct weekly inspections of all security devices, identifying those in need of repair or maintenance and providing a written report of the results of the inspection. The Director and/or designee shall document all action taken to correct identified deficiencies, including maintenance records, and shall retain those records in accordance with established records retention schedules (WAC 44-14-03005).

215.5 DOCUMENTATION AND REPORTING

Each staff member conducting the inspection or tour shall document the activity in Spillman. The log entry should include any significant findings. Significant issues of security or safety shall be forwarded to the on duty supervisor.

Perimeter Security

216.1 PURPOSE AND SCOPE

The purpose of this policy is to establish this facility's security perimeters, to ensure that incarcerated inmates remain inside the perimeter, and that visitor, vendor, volunteer and employee access is granted only with proper authorization and through designated safety vestibules and sallyports. The secure perimeter of this facility will provide protection from the escape of persons being processed, held or housed, and will act as a defense against the entry of unauthorized persons. It shall also be maintained to prevent contraband from entering the secure areas of the facility.

216.2 POLICY

All entry points to the secure perimeter of the facility shall be monitored and controlled continuously by Control Room staff. The entire perimeter shall be inspected, maintained, monitored and continuously assessed to ensure its physical integrity and prevent unauthorized entry, inmate escape and contraband from entering the facility. If staffing levels are appropriate, and time permits, a physical walk around the perimeter should be conducted once per shift.

216.2.1 VISITORS

This facility shall be maintained as a secure area and no person shall enter any portion of the inner perimeter without specific authorization from the Director or the authorized designee. All visitors shall be required to provide satisfactory identification, such as a valid state-issued driver license or identification card, valid passport or military identification. Visitors shall be required to sign in on the visitor log and state the reason for the visit. Visitors must wear a visitor's badge at all times and shall be escorted by one or more staff members at all times, while they are in the secure areas of the facility.

216.3 PROCEDURE

The secure perimeter shall be maintained by assigned staff. Suspicious activity at or near the perimeter shall immediately be reported to the on-duty supervisor and Control Room. Control Room staff or on duty supervisor shall initiate an appropriate law enforcement response if deemed necessary.

Control Room staff shall identify all persons seeking to gain access to the secure perimeter of the facility. Persons delivering goods or services shall identify themselves to Control Room staff prior to being allowed access.

Materials delivered to or transported from the facility's secure perimeter shall be inspected for contraband. Vendors making deliveries into the secure area of the facility will do so under the supervision of custody staff or kitchen staff.

Weapons lockers are provided outside all secure perimeter entrances. All weapons must be secured prior to an individual being allowed to enter the facility.

The sallyport will be used for the transfer of inmates.

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Operation of the sallyport doors will be done in such a manner as to effectively control movement into and out of the secure perimeter of this facility. Control Room staff are responsible for ensuring all perimeter surveillance equipment is in good working order and shall immediately report malfunctions or failures to the on-duty supervisor.

Outer perimeter lighting should be designed to illuminate all areas of the exterior to allow visual inspection by video monitor or perimeter patrols.

News Media Relations

218.1 PURPOSE AND SCOPE

This policy provides guidelines for media releases and media access to this facility's incidents and general public information.

218.2 POLICY

It is the policy of this department that the ultimate authority and responsibility for the release of information to the media shall remain with the Director. However, in situations not warranting immediate notice to the Director and in situations where the Director has given prior approval, the Director or designated Public Information Officer may prepare and release information to the media in accordance with this policy and applicable law.

218.2.1 MEDIA REQUEST

Any media request for information or access to this facility shall be referred to the designated Chief Deputy, or if unavailable, to the first available supervisor. Prior to releasing any information to the media, employees shall consider the following:

- (a) At no time shall any employee of this department make any comment or release any official information to the media without prior approval from the Director or the designated Chief Deputy.
- (b) In any situation involving a law enforcement agency, reasonable efforts shall be made to coordinate media releases with the Public Information Officer of each involved agency prior to the release of any information by this department.
- (c) Under no circumstance should any member of this department make any comment to the media regarding any law enforcement or corrections-related incident that does not involve this department without prior approval of the Director or the authorized designee.

218.3 MEDIA ACCESS

Authorized members of the media shall be provided access to scenes of disasters, emergencies and other law enforcement activities related to this facility, subject to the following conditions:

- (a) The media representative shall produce valid press credentials that shall be prominently displayed at all times.
- (b) Media representatives may be prevented from interfering with emergency operations and investigations.
 - 1. In situations where media access would reasonably appear to interfere with the facility's security, emergency operations or an investigation, every reasonable effort should be made to provide media representatives with information regarding the incident in such a manner that does not compromise the safety and security of the inmates, staff or the facility itself. All information released to the media should be coordinated through the Director, Public Information Officer or other designated spokesperson.

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- (c) No member of this department shall be subjected to media visits or interviews without the consent of the involved employee.
- (d) Media interviews with individuals who are in custody shall not be permitted without the approval of the Director and the express consent of the person in custody. The supervisor shall obtain a signed Release and Waiver of Liability from the inmate prior to being interviewed, photographed or videotaped.

218.4 SCOPE OF INFORMATION SUBJECT TO RELEASE

The Department will maintain a daily log of individuals who are currently in custody. Unless restricted by law and except to the extent that disclosure of a particular item of information would endanger the safety of a person involved in an investigation or would endanger the successful completion of the investigation or a related investigation, the following information on inmates and persons booked is considered public information and can be released upon request (RCW 70.48.100):

- (a) The full name of the person in custody
- (b) The inmate's physical description, including date of birth
- (c) Date and time of arrest
- (d) Date and time of booking
- (e) Location of arrest
- (f) All charges the inmate is being held on, including outstanding warrants, probation/parole holds
- (g) Amount of bail
- (h) The time and manner of the inmate's release
- (i) Court appearance dates, if known
- (j) Arresting agency

Information on this facility's policies and procedures regarding non-security related matters, (i.e., programs, facility rules and regulations, visitation, health care, religious services) can be released to the general public by any custody staff member. A copy of the applicable portions of this facility's policy and procedures manual can be made available for public review with the approval of the Director.

Any information related to the safety, security and maintenance of order shall be redacted before being provided to the general public. Applicable regulations for the operation of a custody facility can be made available for review by the public and inmates. Inmates can request a copy through the inmate programs staff.

Information related to escapes, suicides or crimes occurring in this facility shall only be released with the approval of the Director or the authorized designee.

Identifying information pertaining to a juvenile detainee shall not be publicly released without prior approval of a competent court, except as otherwise authorized by law. Information concerning

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incidents involving certain sex crimes and other offenses set forth in all applicable laws shall be restricted.

Identifying information concerning deceased individuals shall not be released to the media until notification of next of kin or until otherwise cleared by the coroner's/medical examiner's office or otherwise required by law.

218.4.1 RESTRICTED INFORMATION

It shall be the responsibility of the Director or the authorized designee to ensure that restricted information is not inappropriately released to the media by this department. When in doubt, authorized and available legal counsel should be consulted.

Examples of such restricted information include, but are not limited to:

- (a) Confidential personnel information concerning staff and volunteers of the Department.
 - 1. The identities of custody personnel involved in major incidents may only be released to the media pursuant to consent of the involved personnel or upon a request processed in accordance with the public records act (RCW 42.56 et seq.).
- (b) Criminal history information.
- (c) Information that would tend to endanger the safety of any individual or jeopardize the successful completion of any ongoing investigation.
- (d) Information pertaining to pending litigation involving this department.
- (e) Information obtained in confidence.
- (f) Any information that is otherwise privileged or restricted under state or federal law.

Community Relations and Public Information

219.1 PURPOSE AND SCOPE

This policy provides guidelines to custody personnel when dealing with the public or interested groups when requests are received to share information about the operations and policies of the facility.

219.2 RESPONSIBILITIES

The Director is responsible for ensuring that the following information is public and available to all who inquire about it. It includes:

- (a) Visitation schedule; this should include days and times visiting is allowed and how many visits inmates may receive, as well as reasons why visiting may be restricted.
- (b) Telephone and correspondence rules and availability to inmates.
- (c) A brief description of the education programs.
- (d) Facility rules and limits of discipline.
- (e) Access to personal care items for the indigent inmate.
- (f) Access to medical, mental health and dental care.
- (g) The process by which inmates are oriented to the facility.

At the discretion of the Director, the information may also be made available electronically. No information will be released on persons who have been released from our custody.

219.3 PROHIBITED MATERIALS

Policies, procedures and other information and materials related to the safety and security of inmates, custody personnel, the facility or the maintenance of order should not be provided as a part of the public information material unless directed by the Director.

219.4 CONTACTING THE CUSTODY FACILITY

This department provides 24-hour telephone service to the public for information. This informational number is public and the line is staffed by trained personnel during regular business hours.

219.5 POLICY

It is the policy of the Chelan County Regional Justice Center to protect the privacy rights of individuals while releasing non-confidential information to interested groups when requests are received. Information that has the potential to affect the safety and security of the Jail or an investigation will not be released.

Victim Notification of Inmate Release

220.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure victims of crimes receive notice when an inmate held for those crimes is released, and that victims receive any other notification required by Washington law.

220.2 POLICY

It is the policy of this department to act in accordance with all laws regarding victim notification.

220.3 PROCEDURE

The Director shall ensure that a system is in place for individuals to request release notification on any inmate housed in this facility.

Notification requests or requirements that are known during the booking process should be documented in the appropriate designated section of the inmate's booking file/Spillman.

In the event that an individual contacts this facility and requests notification on any inmate housed in this facility, staff should notify a supervisor, who will determine whether notifications are required or appropriate, and ensure the notification request and determination is documented in the inmate's file/Spillman.

220.4 NOTIFICATION

Employees tasked with the release of an inmate or investigating an escape shall verify whether there is a required release notification in the inmate's file/Spillman.

Employees shall document notification efforts in the inmate's file/Spillman.

Unless ordered by the court or a supervisor, no victim information shall be provided to any inmate by any employee or volunteer of this facility. Any unauthorized access or release of victim information is a direct violation of victim confidentiality and applicable policies, and may subject the person releasing the information to disciplinary action, up to and including termination from employment and/or criminal prosecution.

220.4.1 REQUIRED NOTIFICATIONS

The Director shall ensure that a system is in place to ensure release and other relevant information is entered into the automated victim information and notification system in a timely and accurate manner (RCW 36.28A.040).

Vehicle Safety

221.1 PURPOSE AND SCOPE

It is the policy of this department to maintain and operate the vehicles assigned to this facility in a lawful and safe manner. The Department utilizes department-owned motor vehicles for a variety of applications. To maintain a system of accountability and ensure that department-owned vehicles are used appropriately, regulations relating to the use of these vehicles have been established. The term “department-owned” as used in this section also refers to any vehicle leased or checked out through motor pool.

221.2 POLICY

The Chelan County Regional Justice Center provides vehicles for official business use and may assign take-home vehicles based on its determination of operational efficiency, economic impact to the Department, tactical deployments, and other considerations.

221.3 USE AND SECURITY OF DEPARTMENT VEHICLES

All employees who operate department-owned or leased vehicles must comply with all applicable state laws and must possess a valid driver license endorsed for the type of vehicle operated.

221.3.1 USE OF SEAT BELTS

The use of seat belts and other safety restraints significantly reduces the chance of death or injury in case of a traffic collision. This policy establishes guidelines for seat belt use to promote maximum operator and passenger safety, thus reducing the possibility of death or injury as the result of a motor vehicle collision. This policy will apply to all employees operating or riding in department vehicles.

All employees shall wear properly adjusted safety restraints when operating or riding in a seat equipped with restraints, in any vehicle owned, leased, or rented by this department, while on- or off-duty, or in any privately owned vehicle while on-duty. The employee driving such a vehicle shall ensure that all other occupants, including non-members, are also properly restrained.

Exceptions to the requirement to wear safety restraints may be made only in exceptional situations where, due to unusual circumstances, wearing a seat belt would endanger the member or the public. Employees must be prepared to justify any deviation from this requirement.

Whenever possible, inmates should be secured in a prisoner restraint system or, when a prisoner restraint system is not available, by seat belts. The inmate should be in the seating position for which seat belts have been provided by the vehicle manufacturer. The prisoner restraint system is not intended to be a substitute for handcuffs or other appendage restraints.

No person shall operate a leased or department-owned vehicle in which the seat belt in the driver's position is inoperable. No person shall be transported in a seated position in which the seat belt is inoperable.

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No person shall modify, remove, deactivate, or otherwise tamper with the vehicle safety belts, except for vehicle maintenance and repair staff who shall do so only with the express authorization of the Director.

Employees who discover an inoperable restraint system shall report the defect to the appropriate supervisor. Prompt action will be taken to replace or repair the system.

221.3.2 VEHICLE SECURITY

Department vehicles will be locked and the keys will be secured when not in use. The employee will make every effort to ensure that the vehicles are parked in a secure location.

Under no circumstances will inmates be allowed to operate a vehicle or have possession of any vehicle keys. Inmate workers who are assigned to clean vehicles must be closely supervised by staff.

The loss of any vehicle key shall be promptly reported, in writing, to the on-duty supervisor.

Canine unattended vehicles should be locked and secured at all times. No key should be left in the vehicle except when it is necessary that the vehicle be left running.

Deputies who exit a vehicle rapidly in any situation must carefully balance the need to exit the vehicle quickly with the need to secure the vehicle.

221.4 VEHICLE INSPECTIONS

All department-owned vehicles are subject to inspection and or search at any time by a supervisor. No employee assigned to or operating such vehicle shall be entitled to any expectation of privacy with respect to the vehicle or any of its contents, regardless of who owns the contents.

221.5 VEHICLE SAFETY REPAIRS

Anyone authorized to drive department vehicles is responsible for assisting in maintaining the vehicles so that they are properly equipped, maintained and refueled and present a clean appearance.

Anyone authorized to drive department vehicles is responsible for inspecting the interior and exterior of any assigned vehicle before placing the vehicle into service and again at the conclusion of his/her shift. Any previously unreported damage, mechanical problems, unauthorized contents or other problems with the vehicle shall be promptly reported to a supervisor and documented as appropriate.

Vehicles that are deemed as unsafe shall not be used until necessary repairs are made. The written request for repairs shall be submitted before the operator checks out a replacement vehicle. The Director or the authorized designee shall monitor the maintenance requests and ensure that the necessary repairs are made before the vehicle is placed back into service.

Annual vehicle safety inspections will be conducted on all vehicles that are owned, leased or used by the Department. The inspection will be conducted by a qualified individual designated by the Director and/or motor pool.

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Vehicle Safety

221.6 USE OF PERSONAL VEHICLES

The use of personal vehicles for official business must be approved by the Director or Chief Deputy.

221.7 COLLISION DAMAGE, ABUSE, AND MISUSE

When a leased or department-owned vehicle is involved in a traffic collision, the involved employee shall promptly notify a supervisor. A traffic collision report shall be filed with the agency having jurisdiction. The employee shall complete the vehicle collision form. The vehicle collision form should be located in the glove box of all county vehicles and was created by the Washington Counties Risk Pool.

When a traffic collision involves a leased or department-owned vehicle or when an employee of this department is an involved driver in a collision that occurs in this jurisdiction, and the collision results in serious injury or death or potentially involves any criminal charge, an outside agency should be summoned to handle the investigation. If the employee is incapable of completing the vehicle collision form, a supervisor shall complete the form.

Any damage to a vehicle that was not caused by a traffic collision shall be immediately reported during the shift in which the damage was discovered. It shall be documented in special report and forwarded to the on duty supervisor. An administrative investigation will be conducted to determine if there is any vehicle abuse or misuse. If it is determined that misuse or abuse was a result of negligent conduct or operation, appropriate disciplinary action may result.

221.8 ATTIRE AND APPEARANCE

When operating any department vehicle while off-duty, employees may dress in a manner appropriate for their attended activity. Whenever in view of or in contact with the public, attire and appearance, regardless of activity, should be suitable to reflect positively upon the Department.

Outside Inmate Worker Program

222.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for developing outside inmate worker programs that are intended to provide work opportunities for inmates and needed services to the community.

222.2 POLICY

It is the policy of the Chelan County Regional Justice Center to promote inmate worker programs that provide work opportunities for inmates and will support public works projects, such as maintenance to county roadways or parks. Activities that benefit individuals, businesses or other private entities that are not considered a public works project are prohibited.

222.3 PROGRAM GUIDELINES

Any community service program is subject to the approval of the Director or the authorized designee.

Any such program shall be subject to the following guidelines:

- (a) The program complies with all statutes, ordinances, regulations, labor agreements, permissions or restrictions relating to inmates whenever they are assigned to public works and community service projects.
- (b) There is an availability of inmates who, as a matter of classification, are deemed to be eligible for participation in the inmate worker program.
- (c) The number of work opportunities available in the community will determine the availability of opportunities to participate in the inmate worker program.
- (d) There shall be sufficient agency staff assigned to supervise inmate work crews.
- (e) Inmates shall receive appropriate training for the work assignment and the use of any related tools or equipment.
- (f) The inmate workday should approximate the typical workday in the community for the type of work being performed. The normal work hours should not exceed eight hours per shift and must include adequate break and meal time.
- (g) Poor performance in the work program or violation of rules may render the inmate ineligible to participate in the work program. Inmates who do not comply with program rules, or for any reason cannot work, will be reclassified in accordance with the policies and procedures of the Chelan County Regional Justice Center.
- (h) The working conditions for any inmate must comply with all applicable federal, state or local work safety laws and regulations.
- (i) All inmate worker supervisors must go through an orientation to learn about all the rules that must be followed. Failure of inmate worker supervisors to enforce the rules may lead to a suspension of that agency from receiving inmate workers.
- (j) No pending felony/misdemeanor charges with bail amount over \$10,000.

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Outside Inmate Worker Program

222.4 SELECTION PROCESS

Participation in any inmate worker program is strictly voluntary. A classification process that clearly describes the criteria for program participation will be developed by the Classification Sergeant and approved by the Director or designee.

Any inmate desiring to participate in a inmate worker program is subject to the following:

- (a) The inmate must submit to a screening process, including a criminal history check, to ensure that his/her criminal history is compatible with work in non-secure areas.
- (b) The inmate will also have his/her past and present behavior factored into the decision to make them an outside inmate worker.

Fitness for Duty

223.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all employees of this department are fit for duty and able to perform their job functions upon hire, and remain fit for duty throughout their employment.

223.2 POLICY

This policy requires all employees to be free from any physical, emotional or mental condition that might adversely affect their ability to effectively perform their duties throughout their employment.

- (a) It shall be the responsibility of each employee of this department to maintain physical, emotional and mental condition sufficient to safely and properly perform the essential duties of his/her job classification.
- (b) Each employee of this department shall perform his/her respective duties without physical, emotional and/or mental constraints.
- (c) During working hours, all employees are required to be alert, attentive and capable of performing the assigned responsibilities.
- (d) Any employee who feels unable to perform his/her duties shall promptly notify a supervisor. In the event that an employee believes another employee is unable to perform his/her duties, such observations and/or belief shall be promptly reported to a supervisor.

223.3 SUPERVISOR RESPONSIBILITIES

- (a) A supervisor observing an employee, or receiving a report of an employee who is perceived as being unable to safely perform his/her duties due to a physical, emotional or mental condition, shall take prompt and appropriate action to resolve the situation.
- (b) Whenever reasonably feasible, the supervisor shall attempt to ascertain the reason or source of the problem. In all cases a preliminary evaluation should be made to determine the employee's level of inability to perform his/her duties.
- (c) In the event the employee appears to be in need of immediate medical or mental health treatment, all reasonable efforts should be made to provide such care.
- (d) The employee's supervisor, chief or the Director should determine whether the employee should be temporarily relieved of duty.
- (e) The Director shall be promptly notified in the event that any employee is relieved of duty.

223.4 NON-WORK RELATED CONDITIONS

Any employee suffering from a non-work related condition that warrants a temporary relief from duty may be required to use sick leave or other paid time off to obtain medical treatment or other reasonable relief from symptoms. If the condition is a serious health condition of the employee or a qualified family member, the employee's supervisor should facilitate the employee's contact with the appropriate person to initiate the leave process under the Family Medical Leave Act.

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Fitness for Duty

223.5 WORK-RELATED CONDITIONS

Any employee suffering from a work-related condition that warrants temporary relief from duty shall comply with personnel rules and guidelines for processing such claims.

Upon the recommendation of the Sergeant or supervisor, and with the concurrence of the Director, any employee whose actions or use of force in an official capacity result in death or serious injury to another may be temporarily removed from regularly assigned duties and/or placed on paid administrative leave for the well-being of the employee, and until such time as the following may be completed:

- (a) A preliminary determination indicates that the employee's conduct appears to be in compliance with policy and appropriate for the circumstances.
- (b) The employee has had the opportunity to receive necessary counseling and any necessary or required psychological or medical clearance to return to full duty.

223.6 PHYSICAL AND PSYCHOLOGICAL EXAMINATIONS

- (a) Whenever circumstances reasonably indicate that the employee may be unfit for duty, the Director or the authorized designee may serve that employee with a written order to undergo a physical and/or psychological examination in cooperation with the Department of Human Resources to determine the level of the employee's fitness for duty. The order shall indicate the date, time and place for the examination.
- (b) The examining physician or therapist will provide the Department with a report indicating whether the employee is fit for duty. If the employee is not fit for duty, the report should list any functional limitations that restrict his/her ability to perform the job duties. If the employee places his/her condition at issue in any subsequent or related administrative action/grievance, the examining physician or therapist may be required to disclose any information that is relevant to such proceedings.
- (c) In order to facilitate the examination of any employee, the Department will provide all appropriate documents and available information to assist in the evaluation and/or treatment.
- (d) All reports and evaluations submitted by the treating physician or therapist shall be part of the employee's confidential personnel file.
- (e) Any employee ordered to receive a fitness-for-duty examination shall comply with the terms of the order and cooperate fully with the examining physician or therapist regarding any clinical interview, tests administered or other procedures. Any failure to comply with such an order and any failure to cooperate with the examining physician or therapist, including signing of releases, may be deemed insubordination and shall be subject to discipline, up to and including termination.
- (f) Once an employee has been deemed fit for duty by the examining physician or therapist, the employee will be notified to resume his/her duties.

223.7 MEDICAL RECORDS

All employee medical information and records shall be treated as confidential and stored with the county's Human Resources department.

Employee Speech, Expression and Social Networking

224.1 PURPOSE AND SCOPE

This policy is intended to address issues associated with employee use of social networking sites and to provide guidelines for the regulation and balancing of employee speech and expression with the legitimate needs of the Department.

Nothing in this policy is intended to prohibit or infringe upon any communication, speech or expression that is protected or privileged under law. This includes speech and expression protected under state or federal constitutions as well as labor or other applicable laws. For example, this policy does not limit an employee from speaking as a private citizen, including acting as an authorized member of a recognized bargaining unit, about matters of public concern, such as misconduct or corruption.

Employees are encouraged to consult with their supervisor regarding any questions arising from the application or potential application of this policy.

224.1.1 APPLICABILITY

This policy applies to all forms of communication including, but not limited to, film, video, print media, public or private speech, use of all internet services, including the World Wide Web, email, file transfer, remote computer access, news services, social networking, social media, instant messaging/texting, blogs, forums, video and other file-sharing sites.

224.2 POLICY

Public employees occupy a trusted position in the community, and thus, their statements have the potential to contravene the policies and performance of this department. Due to the nature of the work and influence associated with the Corrections profession, it is necessary that employees of this department be subject to certain reasonable limitations on their speech and expression. To achieve its mission and efficiently provide service to the public, the Chelan County Regional Justice Center will carefully balance the individual employee's rights against the Department's needs and interests when exercising a reasonable degree of control over its employees' speech and expression.

224.3 SAFETY

Employees should consider carefully the implications of their speech or any other form of expression when using the Internet. Speech and expression that may negatively affect the safety of the Chelan County Regional Justice Center employees, such as posting personal information in a public forum, can result in compromising an employee's home address or family ties. Employees should therefore not disseminate or post any information on any forum or medium that could reasonably be anticipated to compromise the safety of any employee, an employee's family or associates. Examples of the type of information that could reasonably be expected to compromise safety include:

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- Disclosing the address of a fellow staff member.
- Otherwise disclosing where another staff member can be located off-duty.

224.4 PROHIBITED SPEECH, EXPRESSION AND CONDUCT

To meet the department's safety, performance and public-trust needs, the following are prohibited unless the speech is otherwise protected (for example, an employee speaking as a private citizen, including acting as an authorized member of a recognized bargaining unit, on a matter of public concern):

- (a) Speech or expression made pursuant to an official duty that tends to compromise or damage the mission, function, reputation or professionalism of the Department or its employees.
- (b) Speech or expression that, while not made pursuant to an official duty, is significantly linked to, or related to, the Department and tends to compromise or damage the mission, function, reputation or professionalism of the Department or its employees. Examples may include:
 1. Statements that indicate disregard for the law or the state or U.S. Constitution.
 2. Expression that demonstrates support for criminal activity.
 3. Participating in sexually explicit photographs or videos for compensation or distribution.
- (c) Speech or expression that could reasonably be foreseen as having a negative impact on the credibility of the employee as a witness. For example, posting statements or expressions to a website that glorify or endorse dishonesty, unlawful discrimination or illegal behavior.
- (d) Speech or expression of any form that could reasonably be foreseen as having a negative impact on the safety of the employees of the jail. For example, a statement on a blog that provides specific details as to how and when prisoner transportations are made could reasonably be foreseen as potentially jeopardizing employees by informing criminals of details that could facilitate an escape or attempted escape.
- (e) Speech or expression that is contrary to this department's Code of Ethics (see Standards of Conduct Policy).
- (f) Use or disclosure, through whatever means, of any information, photograph, video or other recording obtained or accessible as a result of employment with the jail for financial or personal gain, or any disclosure of such materials without the express authorization of the Director or the authorized designee.
- (g) Posting, transmitting or disseminating any photographs, video or audio recordings, likenesses or images of department logos, emblems, uniforms, badges, patches, marked vehicles, equipment or other material that specifically identifies the Department on any personal or social networking or other website or web page, without the express authorization of the Director.
- (h) Accessing websites for non-authorized purposes, or use of any personal communication device, game device or media device, whether personally or

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department-owned, for personal purposes while on-duty, except in the following circumstances:

1. When brief personal communication may be warranted by the circumstances (e.g., inform family of extended hours).
2. During authorized breaks, however, such usage should be limited as much as practicable to areas out of sight and sound of the public and shall not be disruptive to the work environment.

Employees must take reasonable and prompt action to remove any content that is in violation of this policy and/or posted by others from any web page or website maintained by the employee (e.g., social or personal website).

224.4.1 UNAUTHORIZED ENDORSEMENTS AND ADVERTISEMENTS

While employees are not restricted from engaging in the following activities as private citizens or as authorized members of a recognized bargaining unit, employees may not represent the Chelan County Regional Justice Center or identify themselves in any way that could be reasonably perceived as representing the Chelan County Regional Justice Center in order to do any of the following, unless specifically authorized by the Director:

- (a) Endorse, support, oppose or contradict any political campaign or initiative.
- (b) Endorse, support, oppose or contradict any social issue, cause or religion.
- (c) Endorse, support or oppose any product, service, company or other commercial entity.
- (d) Appear in any commercial, social or nonprofit publication or any motion picture, film, video, public broadcast or on any website.

Additionally, when it can reasonably be construed that an employee, acting in his/her individual capacity or through an outside group or organization (e.g., bargaining group), is affiliated with this department, the employee shall give a specific disclaiming statement that any such speech or expression is not representative of the Department.

Employees retain their right to vote as they choose, to support candidates of their choice and to express their opinions as private citizens, including as authorized members of a recognized bargaining unit, on political subjects and candidates at all times while off-duty. However, employees may not use their official authority or influence to interfere with or affect the result of an election or a nomination for office. Employees are also prohibited from directly or indirectly using their official authority to coerce, command or advise another employee to pay, lend or contribute anything of value to a party, committee, organization, agency or person for political purposes (5 USC § 1502).

224.5 PRIVACY EXPECTATION

Employees forfeit any expectation of privacy with regard to anything published or maintained through file-sharing software or any internet site open to public view (e.g., Facebook, MySpace).

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The Department also reserves the right to access, audit and disclose for whatever reason all messages, including attachments, and any information transmitted over any technology that is issued or maintained by the Department, including the department email system, computer network or any information placed into storage on any department system or device.

All messages, pictures and attachments transmitted, accessed or received over department networks are considered department records and, therefore, are the property of the Department. The Department reserves the right to access, audit and disclose for whatever reason all messages, including attachments, that have been transmitted, accessed or received through any department system or device, or any such information placed into any department storage area or device. This includes records of all key strokes or web-browsing history made at any department computer or over any department network. The fact that access to a database, service or website requires a user name or password will not create an expectation of privacy if it is accessed through department computers or networks.

224.6 CONSIDERATIONS

In determining whether to grant authorization of any speech or conduct that is prohibited under this policy, the factors that the Director or authorized designee should consider include:

- (a) Whether the speech or conduct would negatively affect the efficiency of delivering public services.
- (b) Whether the speech or conduct would be contrary to the good order of the Department or the efficiency or morale of its members.
- (c) Whether the speech or conduct would reflect unfavorably upon the Department.
- (d) Whether the speech or conduct would negatively affect the member's appearance of impartiality in the performance of his/her duties.
- (e) Whether similar speech or conduct has been previously authorized.
- (f) Whether the speech or conduct may be protected and outweighs any interest of the Department.

224.7 TRAINING

Subject to available resources, the Department should provide training regarding employee speech and the use of social networking to all members of the department.

Information Technology Use

225.1 PURPOSE AND SCOPE

This purpose of this policy is to provide guidelines for the proper use of department information technology resources, including computers, electronic devices, hardware, software and systems.

225.1.1 DEFINITIONS

Definitions related to this policy include:

Computer system - All computers (on-site and portable), electronic devices, hardware, software, and resources owned, leased, rented or licensed by the Chelan County Regional Justice Center that are provided for official use by its employees. This includes all access to, and use of, Internet Service Providers (ISP) or other service providers provided by or through the Department or department funding.

Hardware - Includes, but is not limited to, computers, computer terminals, network equipment, electronic devices, telephones including cellular and satellite, pagers, modems or any other tangible computer device generally understood to comprise hardware.

Software - Includes, but is not limited to, all computer programs, systems and applications including "shareware." This does not include files created by the individual user.

Temporary file, permanent file or file - Any electronic document, information or data residing or located, in whole or in part, on the system including, but not limited to, spreadsheets, calendar entries, appointments, tasks, notes, letters, reports, messages, photographs or videos.

225.2 POLICY

Chelan County Regional Justice Center employees shall use information technology resources, including computers, software and systems, that are issued or maintained by the Department in a professional manner and in accordance with this policy.

225.3 PRIVACY EXPECTATION

Employees forfeit any expectation of privacy with regard to emails, texts or anything published, shared, transmitted or maintained through file-sharing software or any internet site that is accessed, transmitted, received or reviewed on any department technology system.

The Department reserves the right to access, audit and disclose, for whatever reason, any message, including attachments, and any information accessed, transmitted, received or reviewed over any technology that is issued or maintained by the Department, including the department email system, computer network or any information placed into storage on any department system or device. This includes records of all key strokes or web-browsing history made at any department computer or over any department network. The fact that access to a database, service or website requires a user name or password will not create an expectation of privacy if it is accessed through department computers, electronic devices or networks.

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Information Technology Use

225.4 RESTRICTED USE

The departments computer system is restricted to those who are authorized and have passed a background investigation. Employees shall not access computers, devices, software or systems for which they have not received prior authorization or the required training. Employees shall immediately report unauthorized access or use of computers, devices, software or systems by another employee to the on duty supervisor.

Employees shall not use another person's access passwords, logon information and other individual security data, protocols and procedures unless directed to do so by the on duty supervisor.

225.4.1 SOFTWARE

To reduce the risk of a computer virus or malicious software infection, employees shall not install any unlicensed or unauthorized software on any department computer. Employees shall not install personal copies of any software on any department computer. Any files or software that a employee finds necessary to install on department computers or networks shall be installed only with the approval of department information systems technology (IT) staff and only after being properly scanned for malicious attachments.

When related to criminal investigations, software program files may be downloaded only with the approval of IT staff and with the authorization of the Director or the authorized designee.

No employee shall knowingly make, acquire or use unauthorized copies of computer software that is not licensed to the Department while on department premises, computer system or electronic device. Such unauthorized use of software exposes the Department and involved employees to severe civil and criminal penalties.

Introduction of software by employees should only occur as a part of the automated maintenance or update process of department- or county-approved or installed programs by the original manufacturer, producer or developer of the software. Any other introduction of software requires prior authorization from IT staff.

225.4.2 INTERNET USE

Internet access provided by or through the Department shall be strictly limited to department-related activities. Internet sites containing information that is not appropriate or applicable to department use and which shall not be intentionally accessed include, but are not limited to, adult forums, pornography, gambling, chat rooms, and similar or related Internet sites. Certain exceptions may be permitted with the express approval of the on duty supervisor as a function of a employees assignment.

Downloaded information from the Internet shall be limited to messages, mail and data files.

225.4.3 OFF-DUTY USE

Employees shall only use technological resources related to their job while on-duty or in conjunction with specific on-call assignments unless specifically authorized by the on duty

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supervisor. This includes the use of telephones, cell phones, texting, email or any other "off-the-clock" work-related activities.

225.5 PROTECTION OF SYSTEMS AND FILES

All employees have a duty to protect the computer system and related systems and devices from physical and environmental damage and are responsible for the correct use, operation, care and maintenance of the computer system.

Employees shall ensure department computers and access terminals are not viewable by persons who are not authorized users. Computers and terminals should be secured, users logged off and password protections enabled whenever the user is not present. Access passwords, logon information and other individual security data, protocols and procedures are confidential information and are not to be shared. Password length, format, structure and content shall meet the prescribed standards required by the computer system or as directed by the IT department and shall be changed at intervals as directed by IT staff.

It is prohibited for a employee to allow an unauthorized user to access the computer system at any time or for any reason. Employees shall promptly report any unauthorized access to the computer system or suspected intrusion from outside sources (including the Internet) to the on duty supervisor.

225.6 INSPECTION OR REVIEW

The on duty supervisor or the authorized designee has the express authority to inspect or review the computer system, all temporary or permanent files, related electronic systems or devices, and any contents thereof, whether such inspection or review is in the ordinary course of his/her duties or based on cause.

Reasons for inspection or review may include, but are not limited to, computer system malfunctions, problems or general computer system failure, a lawsuit against the Department involving one of its employees or an employees duties, an alleged or suspected violation of any department policy, request for disclosure of data, or a need to perform or provide a service.

The IT staff may extract, download, or otherwise obtain any and all temporary or permanent files residing or located in or on the department computer system when requested by the on duty supervisor or during the course of regular duties that require such information.

225.7 SECURITY OF DATA

Chelan Counties IT department oversees the security of data.

Firearms

227.1 PURPOSE AND SCOPE

This policy provides guidelines for issuing firearms, the safe and legal carrying of firearms, firearms maintenance, and firearms training.

This policy does not apply to issues related to the use of a firearm that are addressed in the Use of Force policy.

This policy only applies to those members who are authorized to carry firearms.

227.2 POLICY

The Chelan County Regional Justice Center will equip its members with firearms, when assigned to an armed detail, to address the risks posed to the public and department members by violent and sometimes well-armed persons. The Department will ensure firearms are appropriate and in good working order and that relevant training is provided as resources allow.

227.3 AUTHORIZED FIREARMS AND AMMUNITION

Members shall only use firearms that are issued or approved by the Department and have been thoroughly inspected by the Rangemaster/ARMORER, No firearm shall be carried on duty by a member who has not qualified with that firearm at an authorized department range.

Firearms approved for use at CCRJ are as follows; Glock 17, 17 MOS, 19 AND 19 MOS in Generation three or above. Glock 19's users will carry one Glock 19 magazine and two Glock 17 magazines. While on armed, uniformed duty, each member will carry at least two spare magazines. Those on plain clothes duty will carry at least one spare magazine.

The AR-15 platform will be the standard issue rifle for the agency. Only department owned rifles will be used on duty for armed details. It will be equipped with an Optic and Iron sights. At least two magazines will be carried. One magazine will be inserted into the rifle, bolt will be down on an empty chamber and the safety will be on.

The patrol rifle is to be deployed when deemed necessary by the rifle qualified deputy. Examples: escapes, riots, ambush, high-threat escorts, self-defense, protection of others, transfer prisoners and vehicle/mechanical breakdowns. If not deployed, the rifle will remain in the vehicle rack or trunk of car.

Department owned firearms will not be carried off duty (for private use), except to the range and other training events. While not mandatory, those issued a Department firearm, may carry it to and from work if in uniform. Department issued ammunition for personally owned firearms will not be carried off duty.

227.3.1 AMMUNITION

Members shall carry only department-authorized ammunition. Replacements for unserviceable or depleted ammunition issued by the Department shall be dispensed by the Rangemaster/Instructor

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when needed, in accordance with established policy. Ammunition will be issued to those who carry, on duty, personally owned firearms.

227.4 EQUIPMENT

Firearms carried on- duty shall be maintained in a clean, serviceable condition.

Department owned firearms will be issued to members of range staff, courts/ transports, work release and K-9.

Deputies unassigned a firearm, assigned to an armed detail, shall be issued a firearm out of the Chelan County Jail's firearm pool check out system. The supervisor assigning the Deputy to an armed post will be required to issue a holster, magazine pouch, body armor, firearm and three fully loaded magazines. Upon completion of the armed detail the shift supervisor will check in the equipment and make sure all items are returned to the proper storage area.

Those members desiring to carry an authorized but personally owned firearm must receive authorization from the rangemaster. The firearm must be inspected prior to use by an agency armorer and will be part of the yearly inspection schedule.

While performing job related duties requiring armed status and while participating in firearms training activities deputies will wear body armor as part of their uniform.

227.4.1 REPAIRS OR MODIFICATIONS

REPAIRS:

Each member shall be responsible for promptly reporting any damage or malfunction of an assigned firearm to the Rangemaster/Armorer.

Firearms may be repaired or modified only by a person who is department-approved and certified as an armorer or gunsmith in the repair of the specific firearm. If a personally owned firearm is in need of repair, the owner will pay for the parts as determined by the Agency Armorer. It is solely the responsibility of the owner and not the County/Agency unless damaged during the scope of official duties.

MODIFICATIONS:

- A. Grip covers, tape may be used by the armed Deputy without armorer approval.
- B. Laser sights are not approved for use on firearms.
- C. Tactical Lights may only be installed on a firearm after they have been examined and approved by the Rangemaster. Once the approved tactical lights have been properly installed on any firearm, the deputy shall qualify with the firearm to ensure functionality and sighting of the firearm prior to carrying it.
- D. Red dot sighting systems are approved on both rifles and hand guns. Rifles will be sighted in and put into duty by rangestaff. Any red dot sight must be installed by an armorer according to manufacture specifications. Red dot sights will be used on a weapon designed for modular optics system and will have co-witnessing sights. Once

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the approved sight has been properly installed on on a pistol, the deputy shall qualify with the firearm to ensure functionality and sighting of the firearm prior to carrying it.

- E. Red dot sights and weapon mounted lights for use on handguns will be purchased by the officer and not the department.
- F. If not listed above, no other modifications will be done to the handgun without instructor approval.

227.4.2 HOLSTERS

The agency approved holsters are the Gould and Goodrich X-Caliber, Tactical Design Labs "The professional holster" and any Safariland level 2 or 3. Work release deputies will carry at least a level 2 concealed carry holster. Any deviations from the standard must be approved by a Rangemaster.

Holsters, magazine pouches and body armor will be issued to those on the Range staff, Court/Transport team, Work Release, and K-9.

227.5 SAFE HANDLING, INSPECTION AND STORAGE

Members shall maintain the highest level of safety when handling firearms and shall consider the following:

- (a) Members shall not unnecessarily display or handle any firearm.
- (b) Members shall be governed by all rules and regulations pertaining to the use of the range and shall obey all orders issued by the Rangemaster/Instructor/Range Safety Officer. Members shall not dry fire or practice quick draws except under Rangemaster or other approved firearms training staff.
- (c) Members shall not clean, repair, load or unload a firearm anywhere in the Department, except where clearing barrels are present.
- (d) Rifles removed from vehicles or the equipment storage room shall be loaded and unloaded outside of the vehicle, using clearing barrels.
- (e) Members shall not place or store any firearm or other weapon on department premises except where the place of storage is locked. No one shall carry firearms into the jail section or any part thereof when securing or processing an arrestee, but shall place all firearms in a secured location. Members providing access to the jail section to persons from outside agencies are responsible for ensuring firearms are not brought into the jail section.
- (f) Any firearm authorized by the Department to be carried on duty, that is determined by a member to be malfunctioning or in need of service or repair, shall not be carried. It shall be promptly presented to the Department or a Rangemaster approved by the Department for inspection and repair. Any firearm deemed in need of repair or service by a designated armorer will be immediately removed from service.

227.5.1 INSPECTION AND STORAGE

Handguns shall be inspected regularly and upon access or possession by another person. Rifles shall be inspected at the beginning of the shift by the member to whom the weapon is issued. The

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member shall ensure that the firearm is carried in the proper condition and loaded with approved ammunition.

Department-owned firearms shall be stored in the appropriate equipment storage room. Issued handguns may remain loaded if they are secured in an appropriate locker. Pool guns will be unloaded when the armed detail is complete. Rifles shall be unloaded in a safe manner and then stored in the appropriate equipment storage room.

227.5.2 STORAGE AT HOME

Members shall ensure that all firearms and ammunition are locked and secured while in their homes, vehicles or any other area under their control, and in a manner that will keep them inaccessible to children and others who should not have access. Members shall not permit department-issued firearms to be handled by anyone not authorized by the Department to do so. Members should be aware that negligent storage of a firearm could result in civil liability.

227.5.3 ALCOHOL AND DRUGS

Firearms shall not be carried by any member, either on- or off-duty, who has consumed any amount of an alcoholic beverage, has taken any drugs or medication, or has taken any combination thereof that would tend to adversely affect the member's senses or judgment.

227.6 FIREARM DISCHARGE

Firearms shall not be discharged other than for training purposes or in the authorized performance of duties coinciding with CCRJ use of force policy, RCW 9A.16.020 and RCW 9A.16.040.

A deputy should not discharge a firearm at or from a moving vehicle except as an ultimate measure of self-defense or defense of another person.

A deputy will not discharge a firearm when it appears likely that an innocent person may be injured or killed.

When ever a deputy discharges their firearm either accidentally or officially, they will immediately:

- A. Secure the scene
- B. Determine the physical condition of any injured person and render first aid.
- C. Summon any necessary emergency medical aid/Police
- D. Notify the Shift Supervisor, who will call the Chiefs and Director.

Staff involved in a use of force incident, involving a firearm, will be relieved of duty and will not be required to submit a statement until at least 48 hours after the incident.

The Director or designee will summon the North Central Washington Special investigation Unit (NCW-SIU) who will investigate all officer involved shootings. Once the NCW-SIU concludes their investigation, CCRJ will complete an internal investigation done by a shooting review board. The shooting review board will consist of the Rangemaster, One Firearms instructor, Master Defensive Tactics instructor and Both Chiefs.

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This will be an internal investigation to investigate the incident to determine any policy violations, training issues or any potential issues within department procedure.

The shooting review board will review all incidents in which:

- A. A Firearm was used in the application of force by a CCRJ Deputy which results in a serious injury or death to another person.
- B. All incidents in which a Firearm is used against another person by a CCRJ Deputy, whether or not any injury results.

The Director may have a shooting review board conducted for any non-training related incidents of accidental discharge when no property damage or injury occurs.

227.6.1 WARNING SHOTS

Warning shots are not allowed.

227.7 FLYING WHILE ARMED

The Transportation Security Administration (TSA) has imposed rules governing law enforcement officers flying armed on commercial aircraft. The following requirements apply to deputies who intend to be armed while flying on a commercial air carrier or flights where screening is conducted (49 CFR 1544.219):

- (a) Deputies wishing to fly while armed must be flying in an official capacity, not for vacation or pleasure, and must have a need to have the firearm accessible, as determined by the Department based on the law and published TSA rules.
- (b) Deputies must carry their Chelan County Regional Justice Center identification card, bearing the deputy's name, a full-face photograph, identification number, the deputy's signature and the signature of the Director or the official seal of the Department and must present this identification to airline officials when requested. The deputy should also carry the standard photo identification needed for passenger screening by airline and TSA officials (e.g., driver license, passport).
- (c) The Chelan County Regional Justice Center must submit a National Law Enforcement Telecommunications System (NLETS) message prior to the deputy's travel. If approved, TSA will send the Chelan County Regional Justice Center an NLETS message containing a unique alphanumeric identifier. The deputy must present the message on the day of travel to airport personnel as authorization to travel while armed.
- (d) An official letter signed by the Director authorizing armed travel may also accompany the deputy. The letter should outline the deputy's need to fly armed, detail his/her itinerary, and include that the deputy has completed the mandatory TSA training for a law enforcement officer flying while armed.
- (e) Deputies must have completed the mandated TSA security training covering deputies flying while armed. The training shall be given by the department-appointed instructor.
- (f) It is the deputy's responsibility to notify the air carrier in advance of the intended armed travel. This notification should be accomplished by early check-in at the carrier's check-in counter.

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- (g) Any deputy flying while armed should discreetly contact the flight crew prior to take-off and notify them of his/her assigned seat.
- (h) Discretion must be used to avoid alarming passengers or crew by displaying a firearm. The deputy must keep the firearm concealed on his/her person at all times. Firearms are not permitted in carry-on luggage and may not be stored in an overhead compartment.
- (i) Deputies should try to resolve any problems through the flight captain, ground security manager, TSA representative or other management representative of the air carrier.
- (j) Deputies shall not consume alcoholic beverages while aboard an aircraft, or within eight hours prior to boarding an aircraft.
- (k) Concealment holster must have active retention, if available, and at least one extra magazine must be carried.

227.8 RANGE TRAINING

There will be no rank structure at the range or during firearms training. The Rangemaster/ instructors and range safety officers will have complete control of the range and firearm training events.

All corrections staff, authorized to carry and use a departmental firearm and must remain current with training and qualifications as set forth by range staff.

Each deputy will be required to attend and successfully complete a basic firearms training before they will be allowed to carry a firearm on duty. For an employee to be considered weapons qualified, they must meet the following standards;

- A. Must be trained on use of deadly force as stated in RCW 9A.16.020 and RCW 9A.16.040.
- B. Must read and understand CCRJC policies and rules.
- C. Must attend the basic firearms class.
- D. Must qualify on the Departments course of fire.

The Rangemaster must certify that the requirements have been met and will indicate it in the employees range file and will deliver it to the Professional Services Sergeant to put into the employees training record. Standards A and C may be waived or modified due to an employee's former training, i.e. military training or previous training in another Law Enforcement agency or Correctional Facility, after providing proper documentation and approved by the Director. The waiver will be done in writing and signed by the director.

Handgun Qualification:

Each handgun qualified employee will be required to qualify one (1) time each calendar year.

The qualification will be designed by the Instructors and Rangemaster. These tests will vary and test specific skills needed in law enforcement firearms handling in accordance with established

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firearms training guidelines. Qualification courses and lesson plans will be approved by the Range staff.

Rifle Qualification:

Each rifle qualified Deputy will be required to qualify one time each calendar year.

Failure to Qualify:

Deputies will be given two chances to qualify during the range day. If they fail to qualify, they will be given an opportunity for a re-shoot within a reasonable amount of time (2 Chances). If they fail the re-shoot, they will be required to attend additional training assigned by the Rangemaster. Failure to qualify after remedial training will be documented in a report and forwarded to the director.

Waivers to Qualification If the custody staff member has a medical issue that prevents training, they will notify their shift supervisor as soon as possible. This will be supported by medical documentation. If the staff member cannot qualify during the scheduled time, due to a bona fide reason, a waiver signed by a Chief or Director will be added to their training file.

Payroll Records

228.1 PURPOSE AND SCOPE

This policy provides the guidelines for completing and submitting payroll records of department members who are eligible for the payment of wages.

228.2 POLICY

The Chelan County Regional Justice Center maintains timely and accurate payroll records.

228.3 RESPONSIBILITIES

Members are responsible for the accurate completion and timely submission of their payroll records for the payment of wages.

Supervisors are responsible for approving the payroll records for those under their commands.

228.4 TIME REQUIREMENTS

Members who are eligible for the payment of wages are paid on a scheduled, periodic basis, generally on the same day or date each period, with certain exceptions, such as holidays. Payroll records shall be completed and submitted to Administration as established by the county payroll procedures.

228.5 RECORDS

The Director shall ensure that accurate and timely payroll records are maintained as required by 29 CFR 516.2 for a minimum of three years (29 CFR 516.5).

Original timesheets are maintained by the Chelan County Auditor's office.

Performance Evaluations

231.1 PURPOSE AND SCOPE

This policy provides guidelines for the Chelan County Regional Justice Center performance evaluation system.

231.2 POLICY

The Chelan County Regional Justice Center shall use a performance evaluation system to measure, document, and recognize work performance. The performance evaluation will serve as an objective guide for the recognition of good work and the development of a process for improvement. The performance evaluation is to provide a formal opportunity for communication and feedback between the supervisor and the employee.

The Chelan County Regional Justice Center utilizes a performance evaluation report to measure performance and to use as a factor in making personnel decisions that relate to; promotion, reassignment, discipline, demotion, and termination. The performance evaluation is intended to serve as a guide for work planning and review by the supervisor and employee. It gives supervisors a way to create an objective history of work performance based on job standards.

The Department evaluates employees in a nondiscriminatory manner based upon job-related factors specific to the employee's position, without regard to actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law.

A formal written review of the work performance of each employee will be conducted at least annually.

231.3 EVALUATION PROCESS

Supervisors should meet with the employees they supervise at the beginning of the evaluation period to discuss expectations and establish performance standards. Performance evaluations will cover a specific period of time and should be based on documented performance during that period. Performance evaluations will be completed by each employee's immediate supervisor. Other supervisors directly familiar with the employee's performance during the rating period should be consulted by the immediate supervisor for their input.

Assessment of an employee's job performance is an ongoing process. Continued coaching and feedback provides supervisors and employees with opportunities to correct performance issues as they arise and acknowledge good work. Periodic discussions with the employee during the course of the evaluation period are encouraged.

Non-probationary employees demonstrating substandard performance shall be notified in writing of such performance as soon as possible in order to have an opportunity to remediate the issues. Such notification should occur at the earliest opportunity, with the goal being a minimum of 90 days written notice prior to the end of the evaluation period.

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Employees who disagree with their evaluation and who desire to provide a formal response or a rebuttal may do so in writing in the prescribed format and time period.

231.4 PROBATIONARY PERSONNEL

Probationary personnel are on probation based on the language of their appropriate Collective Bargaining Agreement contract, but will not exceed 18 months. Probationary personnel will be evaluated daily while going through their Field Training Officer period. All probationary personnel will also receive an evaluation every three months while on probation.

231.5 NON-PROBATIONARY PERSONNEL

Non-probationary employees are subject to an annual evaluation:

Annual - An Employee Performance Evaluation shall be completed once each year by the employee's immediate supervisor at the end of the calendar year. If an employee transferred from one supervisor to another supervisor during the evaluation period, the current supervisor should get input from the previous supervisor in order to have a thorough evaluation.

Employee Performance Action Form - A Employee Performance Action Form may be completed any time the supervisor feels one is necessary due to an employee performance that is deemed less than standard. Generally, the Employee Performance Action Form will be the tool used to demonstrate those areas of performance deemed less than standard when follow-up action is planned (coaching and counseling, action plan, remedial training, retraining, etc.). The Employee Performance Action Form can be filled out by the supervisor with the recommendation being anything from a verbal warning up to possible discipline. This form can entail any job related functions (Job knowledge, dependability, professionalism, safety, etc.). The Employee Performance Action form and any attached documentation shall be submitted as one package to the appropriate Chief.

231.5.1 RATINGS CRITERIA

When completing the Employee Performance Evaluation, the rater will give a numerical rating between 1 and 5. The rater may give 1/2 ratings (example: 3.5) if they feel the employee falls between two scores. The definition of each rating category is as follows:

Outstanding - Understands why all job functions are performed and interrelationships with other jobs.

Exceptional - Completely understands all aspects of the job. An expert.

Satisfactory - Understands job routine. Some knowledge still to be acquired.

Needs Improvement - Noticeable deficiencies in the job knowledge.

Unsatisfactory - Severely lacking in knowledge.

Space for written comments is provided at the end of each work related dimension. At the end of the evaluation there are sections that allows the supervisor to document the employee's strengths,

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weaknesses, and suggestions for improvement. Any rating under any job dimension marked unsatisfactory or outstanding shall be substantiated in the supervisor comments section.

231.6 EVALUATION REVIEW

After the supervisor completes the employees evaluation, they will forward the completed evaluation to the appropriate Chief.

The Chief shall review the evaluation for fairness, impartiality, uniformity, consistency, and write their comments for the employee. The Chief will then sign the evaluation and return the evaluation to the supervisor.

The supervisor will then review the evaluation with the employee. The employee will review, make any comments, and sign the evaluation. The evaluation will then be forwarded to the Director.

The Director will review the evaluation, make any necessary comments and sign the evaluation for it's completion.

231.7 EVALUATION INTERVIEW

When the supervisor has completed their evaluation, arrangements shall be made for a private discussion of the evaluation with the employee. The supervisor should discuss the results of the just completed rating period and clarify any questions the employee may have. If the employee has valid and reasonable protests of any of the ratings, the supervisor may make appropriate changes to the evaluation. Areas needing improvement and goals for reaching the expected level of performance should be identified and discussed. The supervisor should also provide relevant counseling regarding advancement, specialty positions and training opportunities. The supervisor and employee will sign and date the evaluation. Employees may also write comments in the Employee Comments section of the performance evaluation.

231.8 EVALUATION DISTRIBUTION

The original performance evaluation shall be maintained in the employee's personnel file for the tenure of the employee's employment. A copy will be given to the employee, if requested, and a copy will be forwarded to the county Department of Human Resources.

231.9 REMEDIAL TRAINING

When an employee fails to perform a job function at the level prescribed in this policy manual, remedial training may be necessary to ensure that employee has the knowledge and skills necessary to perform at an acceptable level.

Whenever an employee receives an evaluation rating of needs improvement or unacceptable, receives a Special Evaluation to document a performance deficiency, or is receiving discipline for a performance deficiency, the supervisor should consider whether remedial training would be appropriate to assist the employee in improving their performance.

- (a) If remedial training is deemed to be appropriate, the supervisor shall document the following items in a Personnel Improvement Plan (PIP):
 1. The remedial training being provided.

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2. The timeline for providing the training.
 3. The timeline for evaluating the employee's subsequent performance.
 4. The consequences if the employee fails to perform.
 5. The desired outcome if the remediation is successful.
- (b) Prior to implementing the remedial training, the supervisor shall present the PIP to the employee who shall then be provided with ten days to respond with any objections or other comments.
- (c) If the employee fails to provide a timely written response or expresses no desire to respond, the employee's date and signature shall be affixed to the PIP as agreement to its terms.
- (d) If the employee provides a timely written response, any objections shall be adjudicated in accordance with the department's grievance procedure.

The remedial training process is for use with all employees. It is not limited to use with probationary employees.

Qualifications of the Director

233.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the minimum qualifications of the Director and any other appointed employee who is not covered by a union contract.

Specific rules governing employment practices for this department are maintained by the Department.

233.2 MINIMUM QUALIFICATIONS FOR DIRECTOR

The following are the minimum required qualifications for the position of Director:

- (a) Bachelor Degree in Corrections, Behavioral Science, Criminal Justice, Public Administration, Human Development, or a closely related discipline AND seven or more years of broad scope and progressively responsible professional/management experience in corrections service including four years in a managerial capacity. Education may be supplemented by any equivalent combination of education, training, and experience that provides the required skills, knowledge and abilities necessary to perform the job.
- (b) Completion of advance training in corrections and law enforcement operations, supervision, management, and administration.
- (c) Successful background investigation including polygraph and psychological examination.
- (d) Successful completion of a state certified Basic Correction and/or Basic Law Enforcement Training Academy equivalent to the Washington State Criminal Justice Training Commission.
- (e) Fulfillment of all certification requirements according to the Washington State Criminal Justice Training Commission.
- (f) Possession of a valid Washington State Driver's License.

233.3 MINIMUM QUALIFICATIONS - OTHER APPOINTED/ELECTED POSITIONS

It shall be the responsibility of the Director or the authorized designee to work cooperatively with the Department to establish the minimum requirements and job descriptions for other appointed employees.

Peer Support Team

234.1 PURPOSE AND SCOPE

To provide all Chelan County Regional Justice Center employees the opportunity to receive emotional and tangible support through times of personal or professional crises and to help anticipate and address potential difficulties.

234.1.1 DEFINITIONS

Peer Advisor (PA) - A specifically selected and trained colleague, not a counselor or therapist. The PA provides a first line of assistance and basic crisis intervention to fellow employees. PA's are trained to recognize and refer cases that require professional intervention or are beyond their scope of training to a licensed mental health professional.

Client - Shall refer to any Chelan County Regional Jail employee that makes a self-initiated contact, is referred to, or is contacted by a Peer Advisor. Any client, whether custody or support personnel, may maintain a mutually consensual peer support relationship with any Peer Advisor's.

Program Coordinator - The program coordinator oversees the operational aspects of the program and acts as the liaison between the program and the project director.

Project Director - The project director oversees ALL operational aspects of the Peer Support Programs providing services to Chelan County Regional Jail employees. The project director provides assistance and consultation to the program coordinator.

Family Liaison Officer Peer Advisor - Selected for additional training and responsibilities in line of duty injuries and death. The Family Liaison Officer's role as facilitator between the department and the officer's family.

Critical Incident - An actual or perceived event or situation that involves crisis, disaster, trauma, or emergency.

Critical Incident Stress - See 235.4 for definition.

234.2 ORGANIZATIONAL STRUCTURE

- Director
- Chief of Administration
- Project Director
- Program Coordinator
- Peer Advisor

234.3 PROTECTED INFORMATION

To increase the level of comfort and openness in Peer Advisor contacts, assurances can be made that such information will be protected. There are three levels of non disclosure of personal information to differentiate in this context:

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- Privacy is the expectation of an individual that disclosure of personal information is confined to or intended only for the Peer Advisor's.
- Confidentiality is a professional or ethical duty for the Peer Advisor's to refrain from disclosing information from or about a recipient of peer support services, barring any exceptions recommended to be disclosed at the outset.
- Privilege is the legal protection from being compelled to disclose communications in certain protected relationships, such as between attorney and client, doctor and patient, priest and confessor, or in some states, peer support persons and sworn or civilian personnel.

234.4 CRITICAL INCIDENT STRESSES

Critical incident stress means the acute or cumulative psychological stress or trauma that correctional personnel may experience in providing emergency services in response to a critical incident. The stress or trauma is an unusually strong emotional, cognitive, behavioral, or physical reaction that may interfere with normal functioning and could lead to post-traumatic stress injuries, including, but not limited to, one or more of the following:

- Failure of usual coping mechanisms
- Loss of interest in the job or normal life activities
- Personality changes
- Loss of ability to function
- Psychological disruption of personal life, including their relationships with a spouse, child, or friend

Some examples of applicable activities for Peer Advisor's include the following:

- Hospital visitation
- Support with career-related issues
- Post-critical incident support
- Death notification
- Substance abuse and EAP referral
- Support with relationships and family issues
- Support for families of injured or ill employees
- On-scene support for personnel immediately following critical incidents

234.5 GENERAL INFORMATION

A peer support team member shall not provide peer support services in any of the following circumstances:

- If, when serving in a peer support role, the peer support team member's relationship with a corrections personnel receiving peer support services could be reasonably

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expected to impair objectivity, competence, or effectiveness in providing peer support, or would otherwise risk exploitation or harm to the correctional personnel.

- If the peer support team member and the correctional personnel receiving peer support services were involved as participants or witnesses to the same traumatic incident.
- If the peer support team member and the correctional personnel receiving peer support services are both involved in a shared, active or ongoing investigation.

234.6 VOLUNTARY PARTICIPATION

Participation in the Peer Support Program is voluntary and must be initiated by the person seeking the support. There will be no mandatory referrals of employees, nor will peer support members be directed to initiate contact.

234.7 SPECIALIZED ASSISTANCE

If a support member determines that an employee requires specialized assistance, he/she must obtain the employee's approval to discuss the situation with a member of the Employee Assistance Program, or an outside professional.

234.8 CONFIDENTIALITY

The peer support member shall maintain confidentiality and not discuss any information developed in support sessions.

EXCEPTIONS: The peer support member shall advise the employee that confidentiality will be strictly maintained except in these instances:

- (a) When the information must be revealed by law, such as a case of child abuse or felony criminal conduct.

234.9 TRAINING

To be eligible for the confidentiality protections afforded by this policy and law, a peer support team member shall complete a training course or courses on peer support approved by the department that may include, but is not limited to, the following:

- Pre-crisis education
- Critical incident stress defusing
- Critical incident stress debriefings
- On-scene support services
- One-on-one support services
- Consultation
- Referral services
- Confidentiality obligations
- The impact of toxic stress on health and well-being
- Grief support

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Peer Support Team

- Substance abuse awareness and approaches
- Active listening skills
- Stress Management
- Psychological first aid

The suggested minimum training is:

- 24 hour Basic Peer Support Course
- Basic Critical Incident Stress Management (CISM) course

Temporary Occupational Light Duty

235.1 PURPOSE AND SCOPE

This policy addresses Temporary Occupational Light Duty for County work-related injuries. Light duty does not need to be offered to those who are hurt on their off time, but may be offered if the facility has a need that the staff member can fill.

235.2 ELIGIBILITY REQUIREMENTS

An employee is eligible for occupational light duty under the following conditions:

1. The employee is temporarily unable, with or without accommodation, to perform the essential functions of his or her job due to an occupational injury or illness;
2. The employee is expected to recover from the illness or injury to the extent that the employee will be able to return to his or her normal duties; and
3. The department, in its sole discretion, determines that suitable alternative work is available and that the employee is qualified and able to perform this work.

In all cases, assignment to occupational light duty is a temporary assignment. The department may terminate an occupational light duty assignment at any time, at its discretion. If the employee's period of incapacity lasts longer than was originally anticipated, the department, in its sole discretion, may extend, modify or find an alternative light duty assignment.

This policy is not designed to be a "make work" program, but rather a means for assigning individuals to areas which have work the restricted employee is capable of performing and not working around inmates or where inmates may be present.

Before being considered for an occupational light duty placement, an employee must submit certification from his or her attending physician stating that the employee can safely return to work and specifying any restrictions that apply. The statement from the employee's attending physician is not intended to be a verification of an illness or injury, but rather a certification that the employee may safely return to work and under what conditions the employee may return to work.

If it is determined that an employee is eligible for temporary occupational light duty placement under this policy, the Director or designee will determine whether suitable light duty work is available within his/her department. Assistance regarding occupational light duty placement is available from the Insurance and Safety Coordinator, in the Commissioner's office. In making a determination of whether suitable light duty is available, the following factors, among others, should be considered:

1. Physical and mental limitations of the employee
2. Physical and mental demands of the job
3. Required job skills
4. Employee qualifications
5. Amount of training/orientation required

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Temporary Occupational Light Duty

6. Anticipated length of assignment
7. For all non-work related injuries, CCRJC will offer a light duty post, if the facility has a need for a staff member to fill and work is available, for a period of 4 weeks. After 4 weeks the command team will evaluate the situation and determine if light duty will be continued (Case by Case).

Assignments may be made in a department other than the employee's regular work assignment. If assigned to light duty in another department, the employee is still responsible to check in with his/her supervisor, either in person or phone.

235.3 REVIEW OF LIGHT DUTY STATUS

In general, the department will review the status of the temporary light duty assignment with the affected employee every 30-60 days, in light of the department's business needs and the employee's condition, to determine if continuation of the assignment is appropriate.

Employees on light duty may be given a regular schedule that may deviate from their normal work schedule. While on light duty assignments, employees are responsible for adhering to regular departmental policies and procedures for requesting leave. If assigned to light duty in a different department the employee is still responsible for informing his/her assigned supervisor of any leave request or schedule deviations, as well as communicating with the supervisor of the temporary light duty assignment.

Employees will be given a written light duty offer outlining the job, department, hours, duties, and restrictions that have been placed by the treating physician. The employee will sign to either accept or decline the light duty offer. **If the employee decides to decline the light duty offer, the employee will be REQUIRED to use vacation time and will not be eligible for time loss benefits.** Sick leave benefits will apply as normal following normal departmental protocol.

235.4 LOCATION OF LIGHT DUTY POSTS

Light duty time will be worked in Control, Records or in the Administrative Offices. Light duty may also be worked in other departments if approved by the Director or designee.

235.5 UNIFORM/ATTIRE

Any staff member who is working on light duty will wear civilian clothing. Facility uniforms will not be worn while on light duty assignments.

Director/Chief Notification

236.1 PURPOSE AND SCOPE

The Director and Chief of Operations of the Chelan County Regional Justice Center will be advised of significant incidents and/or injury situations that can occur during the normal course of operation of the facility. Therefore, the Chief of Operations will be notified by the shift supervisor, via telephone, should any of the situations listed below occur. The Chief will then notify the Director, if needed. In the event of the Chief being unavailable, the shift supervisor will contact the Director.

236.2 POLICY

The Director/Chief of Operations will be notified in the event of any of the listed incidents below. This list is not all inclusive. This notification is not intended to replace the immediate decision making that a shift supervisor must make when confronted with a significant incident and/or injury situation. This notification should occur immediately after the shift supervisor has taken appropriate action. If the shift supervisor determines to consult the Director or Chief of Operations prior to an event, that discussion will serve as notification.

236.3 INCIDENTS AND/OR INJURY SITUATIONS

- Any in-custody death (including EHM) or suicide attempt;
- Any staff or serious inmate injury requiring hospitalization or E.R. visit;
- Perimeter or security breach or attempt thereof;
- Restraint Chair, OC, or Taser use, ONLY if it is not routine or serious injury occurred;
- Any use of deadly force;
- Unusual occurrence that could possibly be newsworthy;
- Escape from custody (including escape from EHM/Work Release/Inmate Worker);
- Any hostage situation;
- Any incident that threatens the security or the orderly operation of the facility;
 - Examples:
 - Major power outage
 - Major maintenance issue
 - Natural disaster
 - Inmate work stoppage
- Mass arrest/civil disturbance;
- Personnel issues that may require investigation;
- Personnel who are relieved of their duty and sent home by the on duty supervisor for non-illness reasons;

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Director/Chief Notification

- Discharge of firearm in line of duty;
- Any incident which requires investigation by the Wenatchee Police Department that could result in criminal charges;
- Any infectious disease suspicion or outbreak;
- Any situation the shift supervisor considers pertinent for notification;

Awards Program

237.1 PURPOSE AND SCOPE

The Chelan County Regional Justice Center recognizes its members for their contributions, successes, and outstanding performances of duty through a formal awards program.

237.2 NOMINATIONS

Any person may nominate an employee of a Department for recognition. Nominations shall be in writing and include a description of the nominee's performance. Nominations shall NOT include any recommendation for a specific type of award, as the Director will be responsible for determining the appropriate category.

All nominations shall be submitted through the chain of command to the Director for review. Based on the merits of the described performance, the Director will either issue the appropriate award, or advance the nomination to the Awards Committee for further review and approval.

237.3 AWARDS COMMITTEE

An awards Committee shall be convened and facilitated by the Director whenever the following awards are being contemplated:

- Officer of the Year (Correctional Custody Staff)
- Employee of the Year (Professional Staff)
- Distinguished Service Award
- Life-Saving Award

The Awards Committee shall consist of:

- Director
- Chief of Operations
- Chief of Administration
- One (1) Correctional Custody Staff member
- One (1) Professional Staff member

Approval of awards shall require a majority vote of the Awards Committee. The Director may have more than five (5) staff on the Awards Committee, but will be an odd number of staff to avoid a tie in the voting process.

237.4 CHALLENGE COIN

Challenge coins are presented to employees as recognition for specific acts or services that rise above normal expectations. Challenge coins may also be presented as tokens of appreciation to non-department personnel who have provided assistance and support to the department.

Challenge coins are issued at the discretion of the Director or Chief Deputies.

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Awards Program

237.5 COMMENDATION AWARD

Commendation Awards are presented to employees in recognition for superior performance in advancing the Department's Mission. The award shall consist of a certificate presented in a awards folder, signed by the Director.

237.6 DISTINGUISHED SERVICE AWARD

Distinguished Service Awards are presented to employees for demonstrating exemplary performance over a sustained period of time. This award may also be presented to employees who perform specific acts of exceptional service. The award shall consist of a plaque.

237.7 LIFE SAVING AWARD

This award recognize's an employee's actions to save the life of another. The award shall consist of a certificate presented in an awards folder, signed by the Director.

237.8 OFFICER OF THE YEAR - EMPLOYEE OF THE YEAR

The "Officer of the Year" Award is presented on an annual basis to a single Correctional Custody Staff member. The "Employee of the Year" Award is presented on an annual basis to a single Professional Staff member. These recipients will have distinguished themselves throughout the previous calendar year by exceptional performance, to include the following criteria:

- Consistently exemplifying the Department's Values
- Contributions towards advancing the Department's Mission
- Performance in taking on additional duties/responsibilities

The award shall consist of a plaque.

Access

238.1 PURPOSE AND SCOPE

The Chelan County Regional Justice Center will adhere to Washington Crime Information Center's (WACIC) standards to ensure that criminal histories and dissemination of information are conducted in accordance with policies and standards of A Central Computerized Enforcement Service System (ACCESS). The Director will designate a Terminal Agency Coordinator (TAC) to act as the point of contact for the Washington State Patrol (WSP) and the Federal Bureau of Investigation (FBI).

I. USE OF THE ACCESS SYSTEM

A. ACCESS is a computer-controlled communication system operated and maintained for all law enforcement and criminal justice agencies within the state. The Chief of the WSP administers all operating phases of the ACCESS System.

B. The ACCESS system shall only be used for official law enforcement business. The following rules and policies ensure proper and efficient use of the ACCESS system. All users will conform to the policies and rules. Any questions regarding these policies should be referred to the ACCESS Section.

II. A. TAC requirements

- Read and sign the TAC Acknowledgement;
- Read the TAC guide;
- Ensure compliance with state and National Crime Information Center (NCIC) policies and regulations;
- Maintain Level 1 and 2 ACCESS certification;
- Attend one (1) regional TAC training session within each triennial audit cycle;
- Participate in and ensure all appropriate records be available during the triennial audit conducted by ACCESS audit staff;
- Maintain agency issued email address;

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- Advise ACCESS whenever there is a TAC change, address change, et.

B. TAC responsibilities

- Complete monthly National Crime Information Center (NCIC) validations, if applicable;
- Act as point of contact for ACCESS/WACIC/NCIC matters;
- Be aware of the required contracts and agreements with ACCESS and NCIC;
- Maintain current certification records of personnel who use an ACCESS terminal and provide those records to the ACCESS Section. All terminal users, including mobile data terminal users, must be certified at their appropriate level every two (2) years;
- Is responsible for the proper operator performance and strict adherence to regulations;
- Advise the ACCESS Section of any changes in personnel who use ACCESS terminals;
- Advise the ACCESS Section immediately of any alleged ACCESS misuse;
- Maintain current records of upper-management and administrator peer-level training;
- Administer and monitor ACCESS recertification tests;
- Perform recommended self audits of the criminal history log, Person of Interest File, entries, and update required written procedures;
- Respond to requests for information by the FBI, NCIC or WACIC in the form of questionnaires, surveys, or other methods;
- Refer to and provide personnel with the most updated copies of all manuals.

III. Information from ACCESS and Dissemination

- Each user must observe all restrictions placed on the use or dissemination of information received through ACCESS. Policies contained within the ACCESS Manual, WACIC Manual, and other related manuals must be adhered to. Some records may be public information; however, if the information is obtained through

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ACCESS, it must only be used for criminal justice purposes. Those records that may be considered public would have to be released through a formal public disclosure request. Queries or messages not pertaining to law enforcement business (e.g., personal inquiries) are prohibited.

- Persons shall not use any information obtained through the ACCESS system, including all Department of Licensing (DOL) and Department of Corrections (DOC) information, for private business or personal reasons or furnish any information so obtained to any other person for such use.

IV. Terminal Security

- ALL ACCESS CERTIFIED USERS will be required to manually initiate a lock on their desktop when leaving their computer.
- Maintaining security of the terminal sites and information received is the responsibility of agency personnel operating the terminal, the TAC, and agency head. Terminal locations must be secure from unauthorized access, and all employees authorized to use the system shall be instructed on the proper use of equipment and the dissemination of information received. Federal and state laws protect the information provided by ACCESS.
- Agencies will ensure that all unescorted personnel will access to the terminal's criminal justice information, including history information, will be fully background checked to include a nationwide fingerprint check.

V. System Misuse

All allegations of misuse are to be reported to the appointed TAC officer. Investigations will begin immediately.

- Violations of the rules, regulations, policies, or procedures developed by NCIC and adopted by the WSP or any other misuse or abuse of the ACCESS system may result in agency disciplinary measures and/or criminal prosecution. Disciplinary measures imposed by the WSP may include revocation of individual certification, discontinuance of system access to the department, or purging the department's records.

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- The TAC officer is required to notify the Director of CCRJC and the ACCESS Supervisor.
- Once the investigation has begun, an ACCESS Violation Incident Form is to be completed and submitted to ACCESS in a timely manner.
- The agency investigating the suspected misuse may request a system journal search from ACCESS as part of the investigation.
- Any findings must be reported to ACCESS at the end of the investigation.

VI. Criminal History Use and Dissemination

Beginning January 1, 2011, all criminal history logs are maintained in an automated format by the WSP.

1. Secondary Disseminations (Provide a name of the person requesting the dissemination, date, agency name, and case number of reason.

- Agencies may disseminate criminal history rapsheets to defense attorneys only if they complete the discovery process. They are otherwise not entitled to a rapsheet.
- Agencies may disseminate to other criminal justice agencies as long as they log the dissemination.

2. Use the correct purpose code when inquiring for criminal history. If you are uncertain, you may refer to the ACCESS Manual.

C Use the transaction for official duties in connection with the Administration of criminal justice (i.e. crimes and also for non-applicant ride-alongs and contractors or vendors not involved in the administration of criminal justice).

J Use this transaction when backgrounding new criminal justice employees or background re-investigating of current employees. Use this for applicant ride-alongs.

3. We MUST include the following on the "ATTENTION" line

- (a) REQUESTER: First Initial and Full Last name (NOT RANK)
- (b) REASON:

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- (a) OJC for Classification
- (b) V-CHAP for Chaplain Volunteer
- (c) V-AA for AA Volunteer
- (d) V-NA for NA Volunteer
- (e) V-CPS for Community Professional Service Volunteer
- (f) I/W-SUP for Inmate Worker Supervisor
- (g) CJA for Criminal Justice Applicant
- (h) CONTR Contractors
- (i) RBGC Re-background check (5 yr check required by WSP)

EXAMPLE: TSHULTZ/RBGC

4. CCRJC will include the following information in a criminal history inquiry:

- The Attention Field (ATN) must contain the following:
 -) Requester information must contain, at minimum:
 - First initial and last name or
 - Unique identifier of the requester that does change throughout their career, such as a personal number.
 -) Specific criminal justice reason:
 - Valid Examples: Theft, drugs, homicide, criminal justice applicant, case number
 - Non Valid Examples: Investigation, criminal history, employment.
 -) Examples:
 - ATN/J Smith 10-89745
 - ATN/B145 Burglary

5. Each agency will store all criminal history rapsheet information in secure case files or dispose of all rapsheet documents via shredding.

6. Each agency will accompany contracted personnel to the shredding truck and stand by while all sensitive paperwork is destroyed.

Access

7. CCRJC personnel have all been apprised that criminal history data may only be used in the administration of criminal justice. It is strictly protected by state and federal law. A list of applicable laws may be found in Chapter 1 of the ACCESS Manual.

VII. CCRJC Background Re-investigations

1. ACCESS requires all personnel who use or work on the connection to ACCESS to have a background re-investigation every five (5) years. This mirrors the CJIS Security Policy recommendation. To complete this compliance measure:

(a) Run a criminal history inquiry utilizing the QWH on a name and DOB and the QR on a SID, using purpose code "J". Use "Rebackground" as the reason. Do not retain the rapsheet.

(i) If there are felony findings with the employee's rapsheet, they will be denied continued use and certification with ACCESS. The TAC must notify the WSP Information Security Officer of the findings.

(ii) If there are charges pending a disposition, the TAC must notify the WSP Information Security Officer.

(iii) If there is a misdemeanor finding, the TAC shall notify the WSP Information Security Officer but, CCRJC will ultimately decide whether to limit ACCESS.

(iv) The TAC will keep a log of all personnel SID numbers and the date of the background re-investigation for future ACCESS audits.

VIII. Warrant Hit Confirmation

- Only outstanding, extraditable warrants are confirmed by contacting the agency listed on the document.
- If the warrant is valid, it is then located in the system.
- A copy of the valid warrant is then faxed by the originating agency.

Employee Family Visits and Tours

239.1 PURPOSE AND SCOPE

For obvious safety and security reasons, Corrections facilities must be highly restrictive in allowing employee "guests" to enter the workplace. However, CCRJC Management recognizes that "family support" is critically-important to the professional success and well-being of every employee. There is value in having family members understand and appreciate the noble and challenging work that our employees perform on a daily basis.

239.2 ALLOWANCES AND RESTRICTIONS

Chelan County Regional Justice Center employees may arrange workplace visits or tours for "immediate" family members. "Immediate" is confined to:

- Spouses
- Children
- Parents
- Siblings

Family members must be at least 18 years of age.

Family members are only allowed one (1) visit during a calendar year.

Employees are responsible for briefing their family members at the beginning of the visit/tour, and for ensuring all Department rules and expectations are followed.

239.3 REQUEST PROCEDURE

Employees must submit their requests for family visits/tours to their immediate supervisor for review. Supervisors shall determine if the date, time, number of visitors, scope of tour, and circumstances comply with the interests of Department operations. If so, the request shall be forwarded to the respective Chief Deputy for final approval. Chief Deputies have the authority to allow reasonable adjustments to the terms and conditions of this policy.

Bed Checks

240.1 PURPOSE AND SCOPE

The Chelan County Regional Justice Center has developed a formal process of daily cell inspection called "Bed Checks". The purpose of the bed checks is to provide an opportunity for regular inspections of inmate living units, improve communication and accountability, while attempting to better create an environment of mutual respect between Chelan County Regional Justice Center personnel and the inmate population.

This process is incentive based. The living units are graded on cleanliness, behavior, and compliance of jail rules. Scores are given daily by the Shift Sergeant/Corporal. At the end of the week scores will be tallied and incentive rewards distributed. Incentive rewards will be distributed each weekend at the discretion of the shift Sergeant/Corporal.

240.2 ALLOWANCES AND RESTRICTIONS

- Chelan County Regional Justice Center bed checks will be conducted daily starting at 0800 hours; excluding weekends and Chelan County recognized holidays. When circumstances prevent the completion of the Bed Checks, a special report will be submitted by the Sergeant/Corporal with an explanation.
- The following personnel are required to participate daily by entering and inspecting the living unit(s); one (1) shift Sergeant/Corporal, the assigned floor officer, one (1) representative from Objective Jail Classification, one (1) representative from the Court/Transport department. Additional staff members and or visitor(s) may participate as approved the shift Sergeant/Corporal.
- It is the responsibility of the assigned floor officer to be present and ready at the start of bed checks,

240.3 COMPLETED TASKS

Tasks to be completed during bed checks; included but are not limited to:

- Inspection and scoring of jail living units.
- Cleaning supplies replenished.
- Inmate/Unit supplies replenished.
- Inmate mail/newspaper delivered and collected.
- Share daily court information (as available).
- Linen exchange(s).
- Maintenance requests collected.
- OJC daily evaluation of jail living units.

Emergency Lockers

241.1 PURPOSE AND SCOPE

In an effort to provide quicker access to specialty equipment in emergency situations, equipment lockers have been mounted to the wall in the officers' stations located on 3rd and 4th floor, as well as in the booking area above the restraints.

The emergency lockers have been outfitted with a matching 3-digit combination lock, (combination 4-0-1), eliminating the need for additional keys.

These lockers may contain some of the following:

- Impact weapons
- Large volume O.C. canisters
- Multiple sets of flex cuffs
- Additional Taser cartridges

Equipment may be added or removed as we evaluate its effectiveness and the needs of the facility.

The addition of these security cabinets at multiple locations throughout the facility should better provide access to necessary equipment for staff during emergencies.

Chapter 3 - Use of Force

Continuing Professional Education

300.1 PURPOSE AND SCOPE

This policy is designed to support the ongoing professional education of department personnel at all levels. Continuing professional education provides a broad view of the world and by extension enhances the understanding of the correctional mission as it applies to the Department and the community.

300.1.1 PHILOSOPHY

The Department seeks to encourage continuing education whenever practical. All continuing education programs will be within the framework of negotiated employee agreements and the availability of funds to provide ongoing efforts for self improvement.

The Department encourages all personnel to participate in formal education on a continuing basis.

300.2 OBJECTIVES

Individuals who engage in furthering their education in conjunction with skills-based training make for well-rounded employees who can better serve the mission of the Department and the community.

Supervisors should accommodate, to the extent feasible and schedules permitting, requests by personnel for shift adjustments and available leave time to assist personnel with their continuing education efforts.

Training for Managers and Supervisors

301.1 PURPOSE AND SCOPE

This policy establishes training requirements and guidelines for supervisory and management staff, and encourages all personnel to participate in basic and continuing professional training.

301.2 POLICY

It is the policy of this department to administer a training program that provides for the professional growth and continued development of its personnel in accordance with all laws, ordinances and regulations. All training is provided with the intent to improve the competency of staff within the confines of funding, the requirements of a given assignment, staffing levels and legal mandates.

301.3 TRAINING OBJECTIVES

The objectives of the training program are to accomplish the following:

- (a) Improve the competency of staff at all levels.
- (b) Ensure that staff can carry out the mission of the Department through a thoroughly demonstrated knowledge of department policies and procedures.
- (c) Increase the technical expertise and overall effectiveness of personnel.
- (d) Provide for continued professional development of department personnel.

301.4 TRAINING FOR NEW MANAGERS AND SUPERVISORS

All managers and supervisors are required to have management and supervision training as specified by the Washington State Criminal Justice Training Commission (WSCJTC) within the first year of their appointment.

Following the promotion to Corporal, you will be required to attend the 40 hour First Level Supervision course offered through the Washington State Criminal Justice Training Commission (WSCJTC). After completing the 40 hour First Level Supervision course, you will also be required to complete at least 40 additional elective training hours on topics that are intended or approved for the First Level Supervision Certificate. These requirements are subject to change based on criteria set by the Washington State Criminal Justice Training Commission.

Managers shall hold the supervisory certificate of the training commission, successfully complete a middle management course provided by the training commission and at least 40 additional elective training hours on topics that are intended or approved for the middle management position (WAC 139-25-110).

301.5 TRAINING RECORDS

The Department shall use training courses certified by a competent government or standards-setting organization whenever practicable.

It shall be the responsibility of the Professional Services Sergeant to ensure that the following is maintained on file for all training provided by the Department:

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Training for Managers and Supervisors

- The course outline or lesson plan, if available
- The name of the person coordinating the training

It shall be the responsibility of the involved employee to provide his/her immediate supervisor or the Professional Services Sergeant with evidence of completed training or education in a timely manner. The Professional Services Sergeant shall ensure that copies of such training records are placed in the employee's training file and retained in accordance with established records retention schedules (WAC 44-14-03005).

Field Training Officer Program

302.1 PURPOSE AND SCOPE

The field training officer program is intended to provide a standardized program to facilitate the deputy's transition from the academic setting to the actual performance of general corrections duties.

It is the policy of this department to assign all new deputies to a structured field training officer program that is designed to prepare the new deputy to perform in a custody assignment, and to provide training on all skills needed to operate in a safe, productive and professional manner.

302.2 TRAINING OFFICER

The Field Training Officer (FTO) is an experienced deputy trained in the art and science of supervising, training and evaluating entry-level deputies in the application of their previously acquired knowledge and skills.

302.2.1 SELECTION PROCESS

Training officers will be selected based on certain requirements, including:

- (a) A desire to perform the training mission.
- (b) A demonstrated ability to be a positive role model.
- (c) Submit a letter of interest to Program Oversight.
- (d) Successfully passed an internal oral interview selection process.
- (e) Letter of Recommendation from Deputy's current supervisor.
- (f) A certificate from the state's law enforcement certifying agency, where applicable.
- (g) Program Oversight recommendation.

302.2.2 TRAINING

All FTO's shall successfully complete a minimum 40-hour course of instruction prior to being assigned a trainee.

302.3 TRAINING OFFICER RESPONSIBILITIES

- (a) FTO's shall complete and submit a written evaluation on the performance of their assigned trainee to the FTO's immediate supervisor on a daily basis.
- (b) FTO's shall review the performance evaluations with the trainee each day.
- (c) A detailed end-of-phase performance evaluation on the assigned trainee shall be completed by the FTO at the end of each phase of training.
- (d) FTO's shall be responsible for signing off all completed topics contained in the Training Manual, noting the methods of learning and evaluating the performance of the assigned trainee.

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Field Training Officer Program

302.4 TRAINING OFFICER PROGRAM SUPERVISOR

The FTO program supervisor will be selected from the rank of Corporal or above by the Director or the authorized designee and shall possess a supervisory certificate from the Washington State Criminal Justice Training Commission (WSCJTC) (WAC 139-25-110). The supervisor's responsibilities include the following:

- (a) Assign trainees to FTOs.
- (b) Conduct FTO meetings.
- (c) Maintain and ensure FTO/trainee performance evaluations are completed in a timely manner.
- (d) Maintain, update and issue the training manual to each trainee.
- (e) Monitor individual FTO performance.
- (f) Monitor the overall FTO program.
- (g) Develop ongoing training for FTOs.

302.5 POLICY

It is the policy of this department to assign all new deputies to a structured jail TO program that is designed to prepare the new deputy to perform in a custody assignment and to provide training on all skills needed to operate in a safe, productive, and professional manner.

Recruitment and Selection

303.1 PURPOSE AND SCOPE

This policy provides a framework for employee recruiting efforts and identifying job-related standards for the selection process. This policy supplements the rules that govern employment practices for the Chelan County Regional Justice Center and that are promulgated and maintained by the Department of Human Resources.

303.2 EMPLOYMENT STANDARDS

All candidates shall meet the minimum standards required by state law (RCW 43.101.095; RCW 43.101.200). Candidates will be evaluated based on merit, ability, competence, and experience, in accordance with the high standards of integrity and ethics valued by the Department and the community.

Validated, job-related, and nondiscriminatory employment standards shall be established for each job classification and shall minimally identify the training, abilities, knowledge, and skills required to perform the position's essential duties in a satisfactory manner. Each standard should include performance indicators for candidate evaluation. The Department of Human Resources should maintain validated standards for all positions.

303.2.1 STANDARDS FOR CORRECTIONS DEPUTIES

Candidates shall meet the minimum standards established by the Washington State Criminal Justice Training Commission (RCW 43.101.095):

- (a) Be eligible for WA CJTC certification
- (b) Submit to a psychological evaluation
- (c) Submit to a polygraph examination
- (d) Submit to a criminal history check
- (e) Not been convicted of a felony offense

303.3 OATH OF OFFICE

Deputies of this department are sworn to uphold the federal and state constitutions and to enforce federal, state, and local laws.

Upon employment, all sworn employees shall be required to affirm the oath of office expressing commitment and intent to respect constitutional rights in discharging the duties of a law enforcement officer.

All sworn employees shall comply with the oath of office and agency policies, including the duty to be truthful and honest in the conduct of official business.

303.4 POLICY

In accordance with applicable federal, state, and local law, the Chelan County Regional Justice Center provides equal opportunities for applicants and employees, regardless of actual or

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Recruitment and Selection

perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law. The Department does not show partiality or grant any special status to any applicant, employee, or group of employees unless otherwise required by law.

The Department will recruit and hire only those individuals who demonstrate a commitment to service and who possess the traits and characteristics that reflect personal integrity and high ethical standards.

303.5 RECRUITMENT

The Chief of Administration should employ a comprehensive recruitment and selection strategy to recruit and select employees from a qualified and diverse pool of candidates. The strategy should include:

- (a) Expanded use of technology and maintenance of a strong internet presence. This may include an interactive department website and the use of department-managed social networking sites, if resources permit.
- (b) Expanded outreach through partnerships with media, community groups, citizen academies, local colleges, universities, and the military.
- (c) Employee referral.
- (d) Consideration of shared or collaborative regional testing processes.

The Chief of Administration shall avoid advertising, recruiting, and screening practices that tend to stereotype, focus on homogeneous applicant pools, or screen applicants in a discriminatory manner.

The Chief of Administration should strive to facilitate and expedite the screening and testing process, and should periodically inform each candidate of his/her status in the recruiting process.

303.6 SELECTION PROCESS

The Department shall actively strive to identify a diverse group of candidates who have in some manner distinguished themselves as being outstanding prospects.

Minimally, the Department should employ a comprehensive screening, background investigation, and selection process that assesses cognitive and physical abilities and includes review and verification of the following:

- (a) A comprehensive application for employment (including previous employment, references, current and prior addresses, education, military record)
- (b) Driving record
- (c) Reference checks
- (d) Employment eligibility, including U.S. Citizenship and Immigration Services (USCIS) Employment Eligibility Verification Form I-9 and acceptable identity and employment authorization documents. This required documentation should not be requested until

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a candidate is hired. This does not prohibit obtaining documents required for other purposes

- (e) Information obtained from public internet sites
- (f) Financial history consistent with the Fair Credit Reporting Act (FCRA) (15 USC § 1681 et seq.)
- (g) Local, state, and federal criminal history record checks
- (h) Polygraph or voice stress analyzer examination (when legally permissible) (RCW 43.101.095; WAC 139-07-040)
- (i) Medical and psychological examination (may only be given after a conditional offer of employment)
- (j) Review board or selection committee assessment

303.7 BACKGROUND INVESTIGATION

Every candidate shall undergo a thorough background investigation to verify his/her personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the Chelan County Regional Justice Center (RCW 43.101.095).

303.7.1 RECORDS RETENTION

The background report and all supporting documentation shall be maintained in accordance with the established records retention schedule.

303.7.2 REVIEW OF SOCIAL MEDIA SITES

Due to the potential for accessing unsubstantiated, private, or protected information, the Department should not require candidates to provide passwords, account information, or access to password-protected social media accounts (RCW 49.44.200).

The Administration Chief Deputy should consider utilizing the services of an appropriately trained and experienced third party to conduct open-source, internet-based searches and/or review information from social media sites to ensure that:

- (a) The legal rights of candidates are protected.
- (b) Material and information to be considered are verified, accurate, and validated.
- (c) The Department fully complies with applicable privacy protections and local, state, and federal law.

Regardless of whether a third party is used, the Department should ensure that potentially impermissible information is not available to any person involved in the candidate selection process.

303.7.3 DOCUMENTING AND REPORTING

The background investigator shall summarize the results of the background investigation in a report that includes sufficient information to allow the reviewing authority to decide whether to

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extend a conditional offer of employment. The report shall not include any information that is prohibited from use, including that from social media sites, in making employment decisions. The report and all supporting documentation shall be included in the candidate's background investigation file.

303.7.4 BACKGROUND CERTIFICATION

Upon completion of the background investigation of a candidate who has received a conditional offer of employment with the Chelan County Regional Justice Center, the background investigator shall certify to the Washington State Criminal Justice Training Commission (CJTC) that the background check is completed and there is no information found that would disqualify the candidate from certification and the candidate is suitable for employment as a deputy (RCW 43.101.095).

303.8 PROBATIONARY PERIODS

The Chief of Administration should coordinate with the Chelan Department of Human Resources to identify positions subject to probationary periods and procedures for:

- (a) Appraising performance during probation.
- (b) Assessing the level of performance required to complete probation.
- (c) Extending probation.
- (d) Documenting successful or unsuccessful completion of probation.

303.9 DISQUALIFICATION GUIDELINES

As a general rule, performance indicators, candidate information, and records shall be evaluated by considering the candidate as a whole, and taking into consideration the following:

- Age at the time the behavior occurred
- Passage of time
- Patterns of past behavior
- Severity of behavior
- Probable consequences if past behavior is repeated or made public
- Likelihood of recurrence
- Relevance of past behavior to public safety employment
- Aggravating and mitigating factors
- Other relevant considerations

A candidate's qualifications will be assessed on a case-by-case basis, using a totality-of-the-circumstances framework.

Employee Orientation

304.1 PURPOSE AND SCOPE

The purpose of this policy is to define the parameters for new employee orientation. The purpose of the orientation is to provide new employees with basic information about the facility and the environment in which they will be working. Orientation is not meant to supplant other basic training required by law, ordinance or regulations.

304.2 NEW EMPLOYEE ORIENTATION

Each new facility employee shall receive an orientation during the first week of FTO. At a minimum, the orientation shall include:

- Working conditions/Shift Work
- Review of Policies
- Employee rights and responsibilities
- Tour of the facility
- Facility goals and objectives
- Facility Mission, Vision and Values
- Facility organization
- Program overview
- HR interview/Paperwork

304.3 EMPLOYEE ACKNOWLEDGEMENTS

Department personnel assigned to provide the new employee orientation will ensure that each new employee is given copies of any county documents, for which the employee will be held accountable.

A staff member will collect a signature page from the employee, acknowledging receipt, review and understanding of any documents given to the employee. A copy of the signature page shall be retained in the employee's personnel file in accordance with established records retention schedules (WAC 44-14-03005).

Training

305.1 PURPOSE AND SCOPE

This policy establishes training requirements and guidelines for deputies, support personnel, supervisors, and managers. The policy addresses the training program and the probationary evaluation.

305.2 MINIMUM TRAINING REQUIREMENTS

All members, full- or part-time, shall successfully complete all initial, annual, and advanced training as required by the Chelan County Regional Justice Center.

Deputies shall begin training as described in RCW 43.101.220 and in accordance with WAC 139-10-210, within the initial six months of employment, unless an extension or waiver has been granted by the Criminal Justice Training Commission (CJTC).

All [FacilityManager]s and supervisors (full- or part-time) are required to complete the core training requirements for the position as specified by the CJTC within six months of appointment and complete all remaining requirements for career-level certification within one year of appointment, unless an extension or waiver has been granted by the CJTC (RCW 43.101.350).

Members assigned to work in the facility prior to completing the initial required training may do so only when under the direct supervision of a fully trained member.

305.3 JAIL TRAINING PROGRAM PHASES

The jail training program is designed to build upon the conceptual foundation taught in the basic academy, whereupon the theoretical knowledge gained in the academy can be molded into a practical skill set. The jail training program consists of the five phases described below.

305.3.1 FIRST PHASE - ORIENTATION PHASE

The trainee will be assigned to a Field Training Officer (FTO). The FTO will, at a minimum:

- (a) Brief the trainee on the purpose, scope and responsibilities expected during the training program.
- (b) Explain the evaluation system and acquaint the trainee with the rating forms that will be used.
- (c) Provide the trainee with any required equipment or materials.
- (d) Tour the entire facility and support services with the trainee.
- (e) Introduce the trainee to the Director and key supervisory, administrative and support personnel.
- (f) Introduction to Policies/Procedures.
- (g) Will receive DT instruction.
- (h) Will receive Taser instruction.

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305.3.2 SECOND PHASE - STUDENT OBSERVATION PHASE

In this phase the trainee will be exposed to the many duties at each post,, by observing the FTO demonstrate how each task is to be performed. The FTO should provide instruction to the trainee and encourage the trainee to ask questions.

Time should be made available during this phase to allow the trainee to study policies and procedures, directives, post orders and any other materials deemed necessary by the FTO.

The FTO will monitor the trainee's progress by asking questions and administering tests on the materials and demonstrations that have been provided to the trainee.

The work performance of the trainee will be evaluated and recorded daily by the FTO. Areas of deficiency will be discussed and remedial training provided if deemed necessary by the FTO.

305.3.3 THIRD PHASE - STUDENT PERFORMANCE PHASE

During this phase the FTO will instruct the trainee in each required activity at each post. Once each task is demonstrated, the trainee will be directed to perform each activity under the close supervision of the FTO.

The FTO will provide direction as needed to the trainee during the hands-on activities.

The work performance of the trainee will be evaluated and recorded daily by the FTO. Areas of deficiency will be discussed and remedial training provided if deemed necessary by the FTO.

305.3.4 FOURTH PHASE - SHADOW PHASE

During this phase the trainee will be directed to work solo in each area that training has been provided.

The solo activities of the trainee will be monitored by the FTO and a supervisor.

The work performance of the trainee will be evaluated and recorded by the FTO. Areas of deficiency will be discussed and remedial training provided if deemed necessary by the FTO.

305.3.5 FIFTH PHASE - TRAINING WEEKS

Provided that there are no concerns about the trainee's ability, the trainee will be assigned to a shift and will be supervised regularly by the supervisor.

The employee will also receive additional specialty training with the Court/Transport team, Classification, and any other special functions.

The supervisor, in consultation with the FTO and the Director, will make a recommendation to pass the trainee on to his/her assignment, to continue training, or will recommend termination.

305.4 PROBATIONARY PERIOD EVALUATION

Probationary employees will receive a written evaluation of their job skills and learning progress at least quarterly. Prior to passing the probationary period, each probationary employee will receive a final evaluation. These evaluations shall be in writing and discussed with the employee by their supervisor. The final evaluation shall be made a part of the employee's personnel record.

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305.5 POLICY

It is the policy of this department to assign all members to a structured jail training program designed to prepare the member to perform their assigned duties in a custodial jail in a safe, productive, and professional manner.

305.6 TRAINING OBJECTIVES

The objectives of the training program are to accomplish the following:

- (a) Improve the competency of members at all levels
- (b) Ensure that members can carry out the mission of the Department through a thoroughly demonstrated knowledge of department policies and procedures
- (c) Increase the technical expertise and overall effectiveness of members
- (d) Provide for continued professional development of department members

Specialized Training

306.1 PURPOSE AND SCOPE

Deputies who are assigned to specialized response teams, if any offered, will receive training commensurate with the complexity of their specialty and must be able to demonstrate proficiency in the specific skills related to their specialized function.

306.2 QUALIFICATIONS

To be eligible for assignment to a specialized response team, deputies are required to be off probation.

306.3 TRAINING

The Professional Services Sergeant is responsible for ensuring that all personnel who are assigned to a specialized response team will receive any necessary specialized training required.

The Department will use courses certified by a competent government or standards-setting organization whenever practicable.

It shall be the responsibility of the employee to provide the Professional Services Sergeant or immediate supervisor with evidence of completed training and education in a timely manner. The Professional Services Sergeant or supervisor shall ensure that copies of training records are placed in the employee's training file.

Firearms Training

307.1 PURPOSE AND SCOPE

This policy is intended to ensure that all personnel authorized to carry a firearm will develop proficiency in the use, care and safety of firearms through a regular training schedule in accordance with all laws and regulations.

307.2 FIREARMS TRAINING (SEE POLICY 228.8)

All personnel authorized to use firearms shall receive training in accordance with state law before being assigned to a post involving the possible use of such weapons (RCW 10.93.020).

Notwithstanding any statutory and regulatory requirements, at a minimum, CCRJC Basic firearms training will cover the laws, use, safety, safety equipment and care of firearms and the constraints on their use.

Whenever possible, Department courses of fire will be designed by the range staff and will cover relevant and current training. Agency lesson plans will be submitted up through the Rangemaster and will be approved by a Chief prior to training. Whenever training is provided by the Department, the Professional Services Sergeant/Rangemaster should ensure that a lesson plan, CCRJC Training Roster signed by those in attendance and instructing are on file.

Personnel who are authorized to carry a firearm in the performance of their duties are required to maintain proficiency with firearms used in the course of their assignment. All custody personnel who carry firearms are required to qualify once yearly with their duty weapon on an approved range course. Rifle qualified staff will qualify once yearly.

The Rangemaster shall keep accurate records of qualifications, repairs, maintenance, and training records as directed by the Professional Services Sergeant. In addition to regular qualification schedules, the Rangemaster shall be responsible for providing all affected personnel with annual practical training that is designed to simulate situations that may occur in the course of correctional duties. At least annually, all personnel carrying a firearm will receive training on the Use of Force Policy and demonstrate their knowledge and understanding by passing either a performance or written test.

307.3 FIREARMS NON-QUALIFICATION

If any staff member is unable to qualify for any reason, including injury, illness, duty status or scheduling conflict, that staff member shall submit a memorandum to his/her immediate supervisor prior to the end of the required shooting period.

Members who repeatedly fail to qualify will be relieved from the assignment that authorized a firearm; appropriate disciplinary action may follow.

Personnel who fail to qualify after a re-shoot shall be provided further training until proficiency is demonstrated, and will be subject to the following requirements:

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- (a) Additional range assignments may be required until consistent weapon proficiency is demonstrated.
- (b) Members shall be given credit for a range qualification after additional training and a qualifying score is obtained.
- (c) No range/qualification credit will be given for the following:
 - 1. Unauthorized range makeup
 - 2. Failure to qualify after remedial training

Chemical Agents

308.1 PURPOSE AND SCOPE

This policy establishes the required training for deputies to be authorized to carry and use chemical agents and identifies the appropriate medical treatment of individuals exposed to a chemical agent.

308.2 POLICY

The Department authorizes the use of selected chemical agents. Chemical agents are tools used to minimize the potential for injury to deputies, inmates and others. Chemical agents should only be used in situations where such force reasonably appears reasonable and necessary.

308.3 CHEMICAL AGENT TRAINING

Only deputies trained and having shown adequate proficiency in the use of any chemical agent and the Use of Force Policy are authorized to carry the device.

- (a) The Professional Services Sergeant shall ensure that appropriate training for all chemical agents occurs annually at minimum.
- (b) All initial and proficiency training for chemical agents will be documented in the deputy's training file.
- (c) Deputies failing to demonstrate continuing proficiency with chemical agents or knowledge of the Use of Force Policy will lose their authorization to carry or use the devices and will be provided remedial training. If, after two remedial training sessions, a deputy fails to demonstrate proficiency with chemical agents or knowledge of the Use of Force Policy, the deputy may be subject to discipline.
- (d) The Professional Services Sergeant shall be responsible for ensuring that all personnel who are authorized to use chemical agents have also been trained in the proper medical treatment of persons who have been affected by the use of chemical agents. Training should include the initial treatment, (e.g., providing the proper solution to cleanse the affected area) and knowing when to summon medical personnel for more severe effects.

308.4 PROFICIENCY TESTING

The Professional Services Sergeant shall ensure that all training delivered to staff should also test proficiency in order to document that the employee understands the subject matter, and that proficiency training is monitored and documented by a certified instructor.

308.5 TRAINING RECORDS

It shall be the responsibility of the Professional Services Sergeant to ensure that the following is maintained on file for all training provided by the Department:

- A course outline or lesson plan
- A roster signed and dated by those in attendance

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- The name of the person coordinating the training

The Professional Services Sergeant shall ensure that copies of such training records are placed in the employee's training file and retained in accordance with established records retention schedules (WAC 44-14-03005).

308.6 REVIEW, INSPECTION AND APPROVAL

Every chemical agent delivery device will be periodically inspected by the certified instructor for a particular device.

Health Care Staff Orientation

309.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an orientation period for all new health care staff working in the facility, in cooperation with the Health Care Manager. The goal is to improve the competency of the health care staff and the effectiveness of the care delivered, as well as to maintain the safety and security of the custody environment and to comply with all applicable laws, regulations and national health care standards observed by the Department.

309.2 NEW HEALTH CARE STAFF ORIENTATION

All new health care staff shall complete an orientation program before independently working in their assignments. At a minimum, the orientation program will cover the following:

- The purpose, goals, policies and procedures for the Chelan County Regional Justice Center
- Security and contraband regulations
- Access control to include use of keys
- Appropriate conduct with inmates/PREA Training
- Responsibilities and rights of facility employees
- Universal and standard precautions
- Occupational exposure
- Personal protective equipment (PPE)
- Biohazardous waste disposal
- An overview of the correctional field as it relates to custody functions
- Issues relating to manipulation of staff by inmates, identification of behaviors and tactics and the approved responses to these acts including notification of supervisors
- Health care delivery protocols
- Inmate Manipulation
- Documenting information in Spillman

309.3 HEALTH CARE STAFF REFRESHER TRAINING

All health care staff shall meet refresher-training requirements as established by the local public health entity or the minimum licensing requirements as established by the state licensing body.

309.4 FACILITY-SPECIFIC MEDICAL STAFF TRAINING

The Professional Services Sergeant should include these staff members in training and training exercises relative to facility safety and security, but not limited to, the following:

- Emergency medical triage in the facility

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- Emergency evacuation routes and procedures
- Communication systems during facility emergencies
- Security during facility emergencies
- Qualified health care professional response during "officer down" incidents
- Responding to critical facility emergencies
- Facility hostage policy and medical response tactics
- Medical emergency transportation

309.5 SATISFACTORY COMPLETION OF MEDICAL TRAINING PROGRAM

All training delivered to qualified health care professionals will include end of training review to be signed off by the Health Care Manager and forwarded to the Professional Services Sergeant.

309.6 TRAINING RECORDS

The Professional Services Sergeant, in coordination with the Health Care Manager, shall be responsible for developing and maintaining training records in accordance with established records retention schedules (WAC 44-14-03005). The Business Manager shall also maintain a file of professional licensure and certifications for each member of the health care staff.

Volunteer Program

310.1 PURPOSE AND SCOPE

It is the policy of this department to use qualified volunteers to assist in the daily operation through their contribution of services to the inmates and the families of inmates, and to serve as a link between the facility and the community. Volunteers are intended to supplement and support, rather than supplant deputies and other personnel. Volunteers can be an important part of any organization and are proven to be a valuable asset to corrections institutions.

310.1.1 DEFINITION OF VOLUNTEER

An individual who performs a service for the Department without promise, expectation or receipt of compensation for services rendered. This may include unpaid chaplains, inmate re-entry programs, personnel and persons providing administrative support.

310.2 SUPERVISION OF VOLUNTEERS

Each volunteer who is accepted to a position with the Department and assigned to the jail must have a clearly identified supervisor who is responsible for direct management of that volunteer. This supervisor will be responsible for day-to-day management and guidance of the work of the volunteer and should be available to the volunteer for consultation and assistance.

A volunteer may be assigned and act as a supervisor of other volunteers, provided that the supervising volunteer is under the direct supervision of a paid staff member.

Functional supervision of volunteers is the responsibility of the supervisor in charge of the unit where the volunteer is assigned. The following are some considerations to keep in mind while supervising volunteers:

- (a) Take the time to introduce volunteers to employees on all levels.
- (b) Ensure volunteers have work space and necessary office supplies.

310.3 VOLUNTEER PROGRAM MANAGEMENT

310.3.1 PROGRAM COORDINATOR

The program coordinator shall be appointed by the Director. The function of the program coordinator is to provide a central coordinating point for effective program management within the Department, and to direct and assist staff and volunteer efforts to provide more productive services. The program coordinator should work with other Department staff on an ongoing basis to assist in the development and implementation of volunteer positions.

The program coordinator or the authorized designee shall be responsible for:

- (a) Developing and maintaining a volunteer recruiting plan.
- (b) Developing and maintaining a handbook that minimally identifies expectations and the lines of authority, responsibility and accountability for the various volunteer assignments.

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- (c) Recruiting, selecting and training qualified volunteers for various positions.
- (d) Facilitating the implementation of new volunteer activities and assignments.
- (e) Maintaining records for each volunteer.
- (f) Tracking and evaluating the contribution of volunteers.
- (g) Maintaining a record of volunteer schedules and work hours.
- (h) Completion and dissemination as appropriate of all necessary paperwork and information.
- (i) Planning periodic recognition events.
- (j) Administering discipline when warranted.
- (k) Maintaining liaison with other community programs that use volunteers and assisting in community efforts to recognize and promote volunteering.

310.3.2 RECRUITMENT

A primary qualification for participation should be an interest in, and an ability to assist the Department in serving the public.

Requests for volunteers should be submitted in writing by interested staff to the Contracted Jail Ministry Service. The program coordinator may withhold assignment of any volunteer until such time as the requesting unit is prepared to make effective use of volunteer resources.

310.3.3 SCREENING

All prospective volunteers should complete the volunteer application form. The program coordinator or the authorized designee should conduct a face-to-face interview with an applicant under consideration.

A documented background investigation shall be completed on each volunteer applicant and shall include, but not necessarily be limited to, the following:

- (a) NCIC criminal history check.

310.3.4 SELECTION AND PLACEMENT

Service as a volunteer with the Department shall begin with an official notice of acceptance or appointment to a volunteer position. Notice may only be given by an authorized representative of the Department, normally the program coordinator. No volunteer should begin any assignment until he/she has been officially accepted for the position. Each volunteer should complete all required enrollment paperwork and will receive a copy of the Chelan County Regional Justice Center volunteer policy and agreement of service with the Department.

Volunteers should be placed only in assignments or programs that are consistent with their knowledge, skills, abilities and the needs of the facility.

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310.3.5 TRAINING

The program coordinator or the authorized designee shall be responsible for developing and maintaining training curriculum and any related forms specific to volunteer assignments. The program coordinator or the authorized designee shall be responsible for ensuring that volunteers are provided with an orientation program to acquaint them with the Department, personnel, and policies and procedures that have a direct impact on their work assignment. The training/orientation will include, but not be limited to, the following topics:

- (a) Department policies and procedures
- (b) Rules related to contraband in the facility
- (c) Prohibition on carrying weapons in the facility
- (d) Volunteer/offender relationship and general rules of conduct
- (e) Safety and emergency information
- (f) An overview and history of the Department

The program coordinator shall be responsible for creating and maintaining records of all training provided to each volunteer.

Volunteers should receive position training by their immediate supervisor to ensure they have adequate knowledge and skills to complete tasks required by the position. They should receive periodic ongoing training as deemed appropriate by their supervisor or the program coordinator.

Training should reinforce to volunteers that they may not intentionally represent themselves as, or by omission infer, that they are deputies or other employees of the Department. They shall always represent themselves as volunteers.

All volunteers shall comply with the rules of conduct and with all orders and directives, either oral or written, issued by the Department.

310.3.6 FITNESS FOR DUTY

No volunteer shall report to work or be on-duty when his/her mental or physical condition has been impaired by alcohol, medication or other substances, or when the volunteer is experiencing illness or injury.

Volunteers shall report to their supervisor any changes in status that may affect their ability to fulfill their duties. This includes, but is not limited to, the following:

- (a) Driver's license status, if driving is part of the duties of the assignment
- (b) Any medical condition that might impair the volunteer's ability to perform the duties of the position
- (c) Arrests
- (d) Criminal investigations
- (e) The detention of family members, work associates or immediate friends

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All volunteers shall adhere to the guidelines set forth by this department regarding drug and alcohol use.

310.3.7 DRESS CODE

As representatives of the Department, volunteers should present a professional image to the community. Volunteers shall dress appropriately for the conditions and performance of their duties.

310.4 CONFIDENTIALITY

Confidential information shall be given only to persons who have a need and a right to know, as determined by department policy and supervisory personnel.

Each volunteer will be required to sign a nondisclosure agreement before being given an assignment with the Department. Subsequent unauthorized disclosure of any confidential information, verbally, in writing or by any other means, by the volunteer is grounds for immediate dismissal and possible criminal prosecution.

Volunteers shall not address public gatherings, appear on radio or television, prepare any article for publication, act as correspondents to a newspaper or other periodical, release or divulge any information concerning the activities of the Department, or maintain that they represent the Department in such matters without permission from the proper department personnel.

310.5 PROPERTY AND EQUIPMENT

Volunteers will be issued an identification card that must be worn at all times while on-duty.

Any fixed and portable equipment issued by the Department shall be for official and authorized use only. Any property or equipment issued to a volunteer shall remain the property of the Department and shall be returned at the termination of service.

310.5.1 TELECOMMUNICATION SYSTEMS USAGE

Volunteers with access to law enforcement telecommunication systems shall successfully complete all mandated access training and radio procedures training prior to using any such equipment. Volunteers shall comply with all policies and procedures related to the use of such equipment. The program coordinator should ensure that appropriate training is provided for volunteers whenever necessary.

310.6 DISCIPLINARY PROCEDURES/TERMINATION

A volunteer may be removed from the volunteer program at the discretion of the Director, or the Support Services Sergeant. Volunteers shall have no property interests in their continued appointment.

Volunteers may resign from volunteer service with the Department at any time. It is requested that volunteers who intend to resign provide advance notice of their departure and a reason for their decision.

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310.6.1 EXIT INTERVIEWS

Exit interviews, when practicable, should be conducted with volunteers who are leaving their positions. The interview should attempt to ascertain the reason for leaving the position and solicit the volunteer's suggestions on improving the position. When appropriate, the interview should also include a discussion on the possibility of involvement in some other capacity with the Department.

310.7 EVALUATION

An evaluation of the overall volunteer program will be conducted on an annual basis by the program coordinator. Regular evaluations should be conducted with volunteers to ensure the best use of human resources, to ensure personnel problems can be identified and dealt with promptly and fairly, and to ensure optimum satisfaction on the part of volunteers.

310.8 VOLUNTEER REGISTRATION

All volunteers shall be registered with the Department and each volunteer shall be issued an identification card. The facility shall maintain an identification record for each volunteer that includes a photograph, home address, current telephone numbers, background certification, training/orientation certifications, or volunteer specialty.

Pass Down

311.1 PURPOSE AND SCOPE

Pass Down is conducted at the beginning of the deputy's assigned shift. Pass Down provides an opportunity for an important exchange of information between employees and between supervisors. In general, important "pass-down" information can be communicated through detailed logging by each on-duty shift supervisor and staff, which does not involve having to stay past the end of your scheduled shift.

311.2 POLICY

Pass Down can cover a wide range of topics, and should cover everything necessary so the on-coming deputy will have a good understanding of what has taken place the previous shift.

Some of the information that may be included in the pass down may include, but not limited to, the following:

- Number of inmates housed on that particular floor
- Any disciplinary action taken against an inmate or tank
- Higher level of care inmates
- Inmates possibly out of facility on furlough or other reasons
- Any other topic/information as determined by the deputy

311.3 COMPUTER-BASED TRAINING OPTIONS

The Lexipol Daily Training Bulletins (DTBs) is a web-based system that provides training on the Chelan County Regional Justice Center Custody Manual and other important topics. Generally, one training bulletin is available for each day of the month. However, the number of DTBs may be adjusted by the Professional Services Sergeant.

Personnel assigned to participate in DTBs should only use the password and login name assigned to them by the Professional Services Sergeant. Personnel should not share their password with others and should frequently change their password to protect the security of the system. After each session, employees should logoff the system to prevent unauthorized access. The content of the DTBs is copyrighted material and shall not be shared with others outside of the Department.

Employees who are assigned to participate in the DTB program should complete each DTB at the beginning of their shift or as otherwise directed by their supervisor. Employees should not allow uncompleted DTBs to build up over time. Personnel may be required to complete DTBs missed during extended absences (e.g., vacation, medical leave) upon returning to duty. Although the DTB system can be accessed from any Internet-active computer, employees shall only take DTBs as part of their on-duty assignment as there will be no authorization for taking or viewing DTBs while off-duty.

Training Plan

312.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a training plan that will provide for the professional growth and continued development of facility personnel and to forecast annual funding needs for future training. By doing so, the Department will ensure its personnel possess the knowledge and skills necessary to professionally manage the inmate population.

312.2 POLICY

The Professional Services Sergeant shall conduct an annual training needs assessment to determine the training needs of all employees based upon state laws, regulations, certification requirements and continued professional training requirements.

A training plan shall be based on the assessment. It is the responsibility of the Professional Services Sergeant to develop, maintain, review and update the training plan on an annual basis.

The annual training plan should be presented to the management staff for review. The approved training plan should include the funding requirements forecasted by the Professional Services Sergeant. The Professional Services Sergeant shall coordinate with the business manager to ensure a funding source for all mandatory training.

The Director or the authorized designee shall have final approval of the training plan and the budget to ensure that the training to be delivered is fiscally responsible and meets the mission of the Department.

The Professional Services Sergeant will execute the training plan on behalf of the Director.

312.3 PROFESSIONAL SERVICES SERGEANT

A qualified individual shall be appointed by the Director or the authorized designee to serve as the Professional Services Sergeant, who shall report to the Director or the authorized designee.

The Professional Services Sergeant is responsible for developing an annual training plan. The plan should ensure that employees meet all state law and certification requirements, any specialty training required for specialty assignments, and all continued professional training requirements. The plan should include a process to review course content and quality, typically by way of attendee feedback and/or a course audit by the training staff.

312.4 TRAINING RECORDS

An individual training file shall be maintained by the Professional Services Sergeant or the authorized designee for each member. Training files shall contain records of all training and education (original or photocopies of available certificates, transcripts, diplomas, and other documentation) for all members.

The maintenance of the training records shall be in sufficient detail as to comply with any outside audit requirements (28 CFR 115.34).

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Training Plan

It shall be the responsibility of the involved member to provide their immediate supervisor or the Professional Services Sergeant with evidence of completed training or education in a timely manner.

The Professional Services Sergeant or supervisor shall ensure that copies of such training records are placed in the member's training file.

Training records shall contain the following information:

- Name of the member
- Date of hire
- Education and training background (education and training received prior to hire)
- Type of training received
- Date the training was received and successfully completed
- Title of the training and name of the provider
- Test scores or training benchmarks

The Professional Services Sergeant shall also be responsible for documenting the waivers of the training requirements based upon equivalent training received before employment or demonstrated competency through proficiency testing.

312.5 COURSE CERTIFICATION/QUALITY ASSURANCE

Training courses should be subject to a quality assurance process that, at minimum, provides:

- A complete description of the course, including the number of certified training hours achieved.
- A curriculum including job-related topics and content and performance objectives.
- The credentials of all presenters and instructors.

312.5.1 COURSE RECORDS

It shall be the responsibility of the Professional Services Sergeant to ensure that the following is maintained on file for all training provided by the Department:

- The course outline or lesson plan
- A roster signed and dated by those in attendance
- The name of the person coordinating the training
- The credentials of all presenters and instructors

312.6 TRAINING PROCEDURES

- (a) All employees assigned to attend training shall attend as scheduled, unless previously excused by their immediate supervisor or the Professional Services Sergeant. Excused absences from mandatory training should be limited to the following:

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1. Court appearances
 2. Authorized vacation
 3. Sick leave
 4. Physical limitations preventing the employee's participation
 5. Emergency situations
 6. Leave under state or federal law (e.g., Family Medical Leave Act)
- (b) When an employee is unable to attend mandatory training, that employee shall:
1. Notify his/her supervisor as soon as possible.
 2. Document his/her absence in a memorandum to the supervisor.
 3. Make arrangements through the supervisor and the Professional Services Sergeant to attend the required training on an alternate date.

312.7 CANCELED TRAINING

As an agency we may have to cancel training for one reason or another. Staff need training, and our instructors are taking the time to conduct good training for our agency. Training is vital due to the profession we have chosen, it is also a condition of employment. However, there may be times when an unexpected situation arises and training has to be canceled. If you show up for OT on your scheduled day off and the training has been canceled for whatever reason, you will have the two following options:

1. If you want to receive pay for those hours it will be expected that you will put your uniform on and report to the on-duty supervisor to work the hours of training that were scheduled.
2. You can leave and will not submit an OT slip for any of the time you spent coming to the training.

Support Personnel Orientation and Training

313.1 PURPOSE AND SCOPE

The Department has developed an orientation and training program for support personnel, to increase competency in their assigned tasks and to help ensure that all support personnel understand the issues that are unique to their position as it relates to this facility.

313.2 PROFESSIONAL SERVICES SERGEANT RESPONSIBILITIES

The Professional Services Sergeant is responsible for coordinating training and will ensure that the training and orientation given to all support personnel is properly documented and placed in the worker's training file. At a minimum, the record should contain the name of the individual, the assignment, the date that the orientation and training was presented, the orientation outline indicating the subject material, and the name of the trainer.

313.3 PERSONNEL WITH MINIMAL INMATE CONTACT

Support personnel, whose positions involve minimal contact with inmates shall receive orientation and training commensurate with the scope of their work.

Minimal inmate contact is defined as tasks that do not involve the supervision of inmates, inmate discipline, or specific tasks that involve custody and control of inmates (e.g., Control Room, Reception). Orientation and training topics shall include but are not limited to the following:

- Safety and security
- Custody policies and procedures
- Emergency procedures
- Job-specific training
- Inmate Manipulation
- Complete and pass the Field Training Officer Program (FTO) for their department

313.4 PERSONNEL WITH REGULAR INMATE CONTACT

Support personnel, whose positions involve regular or daily inmate contact shall receive orientation and training commensurate with the scope of their work.

Regular inmate contact is defined as tasks that involve the direct provision of services to inmates (e.g., food service, medical) but that do not involve the custodial supervision of inmates in the areas of discipline and control. Orientation and training topics shall include but are not limited to the following:

- Safety and security
- Emergency procedures
- Staff responsibilities
- Guidelines for conduct with inmates

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Support Personnel Orientation and Training

- Aspects and dynamics of the custody environment
- Restricted movement and access according to job function
- Supervision of inmates
- Suicide awareness and dynamics
- Inmate rules and regulations
- Inmate rights and responsibilities
- CPR and first aid
- Zero-tolerance policy and the identification, response, and reporting requirements of sexual abuse and harassment
- Complete and pass the Field Training Officer Program (FTO) for their department
- Inmate Manipulation
- Attend the Washington State Criminal Justice Training Commission Support Services Academy (subject to course offerings and available funding) if course is offered by the Washington State Criminal Justice Training Commission.

313.5 DOCUMENTATION

All training delivered to support personnel should include documentation that the employee understands the subject material presented. Training records will be kept in their training files which are maintained by the Professional Services Sergeant.

Reporting of Employee Arrests, Convictions and Court Orders

314.1 PURPOSE AND SCOPE

The purpose of this policy is to describe the notification requirements and procedures that employees must follow when certain arrests, convictions and court orders restrict their ability to perform the official duties and responsibilities of the Chelan County Regional Justice Center.

314.2 POLICY

The Chelan County Regional Justice Center requires disclosure of employee arrests, convictions and certain court orders to maintain the high standards, ethics and integrity in its workforce, and to ensure compatibility with the duties and responsibilities of the Department.

314.3 DOMESTIC VIOLENCE CONVICTIONS AND RESTRAINING ORDERS

Federal and Washington law prohibit individuals convicted of certain offenses and individuals subject to certain court orders from lawfully possessing firearms. Such convictions and court orders often involve allegations of the use or attempted use of force, or threatened use of a weapon on any individual in a domestic relationship (e.g., spouse, cohabitant, parent, child) (18 USC § 922; RCW 9.41.040).

All employees are responsible for ensuring that they have not been disqualified from possessing firearms by any such conviction or court order, and shall promptly report any such conviction or court order to a supervisor, as provided in this policy.

314.4 OTHER CRIMINAL CONVICTIONS AND COURT ORDERS

Washington law prohibits individuals convicted of serious felonies enumerated in RCW 9.41.040 from lawfully possessing firearms.

While legal restrictions may or may not be imposed by statute or by the courts upon conviction of any criminal offense, criminal conduct by employees of this department may be inherently in conflict with law enforcement duties and the public trust, and shall be reported as provided in this policy.

314.5 REPORTING PROCEDURE

All employees shall immediately notify their supervisors in writing if they become the subject of a domestic violence-related order or any court order that prevents the employee from possessing a firearm.

Any employee whose criminal arrest, conviction or court order restricts or prohibits that employee from fully and properly performing his/her duties, including carrying a firearm, may be disciplined. This includes, but is not limited to, being placed on administrative leave, reassignment and/or termination. Any effort to remove such disqualification or restriction shall remain entirely the responsibility of the employee, on his/her own time and at his/her own expense.

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Reporting of Employee Arrests, Convictions and Court Orders

Any employee failing to provide prompt written notice pursuant to this policy shall be subject to discipline, up to and including termination.

Pool Firearm/Vest Check Out

316.1 PURPOSE AND SCOPE

The Chelan County Regional Justice Center has developed a check out process for equipment designated for use by Corrections Deputies during armed inmate escort(s), or other duties where the carrying of firearms may be authorized. This equipment will be issued from a pool (shared) system and may include some or all of the following: Department approved firearms and ammunition, department approved holsters and magazine pouches, department approved body armor/ballistic protection, or other department approved equipment as authorized and assigned.

316.1.1 DEFINITIONS

"Armed": bearing firearms, having weapons, or involving the use of weapons.

- Chelan County Regional Justice Center deputies assigned to armed duty assignments will be issued a ballistic vest, firearm, ammunition, holster, and magazine pouch from the pool system unless personal items were previously approved. This equipment will be issued by a Custody Supervisor holding the rank of Corporal (Acting Corporal) or higher.

316.2 CHECK OUT PROCESS

- The supervisor will identify the need for an armed transport or other armed duties, and determine the number of deputies necessary for the assignment.
- The supervisor and assigned deputy(s) will go to the weapons storage room.
- The supervisor will issue a ballistic vest and record the vest number on the checkout sheet.
- The supervisor will issue a holster and magazine pouch, and record what brand or type on the checkout sheet.
- The supervisor will issue a firearm and ammunition; then record this information including the pool number of the firearm on the checkout sheet.
- Assigned deputy(s) may use personally owned firearms for assigned duties with department approval. A list of the approved firearms, including serial numbers, will be available to the supervisors for verification.
- Assigned deputy(s) may use department approved, personally owned or issued equipment such as vests, holsters, and magazine pouches for armed duties.
- Only department issued or approved ammunition is authorized for use.
- The supervisor is responsible for recording the information on the weapon and vest checkout document.

316.3 RETURN PROCESS

- After completion of the armed duty assignment, the deputy(s) will meet the supervisor in the weapons storage room.

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Pool Firearm/Vest Check Out

- The deputy will unload the firearm using the weapon clearing barrel and hand the firearm (with the action open) to the supervisor. The supervisor will verify that the pool gun is unloaded, and put it into a "storage ready" condition before returning it to the assigned locker.
- The deputy(s) will return the vest, ammunition, holster, and magazine pouch to the supervisor.
- The supervisor will verify the returned equipment according to the checkout sheet.
- The supervisor will ensure that all equipment is returned and placed into a state of "ready" for future assignments.
- The assigned deputy(s) is responsible for the proper utilization and return of this equipment.

Chapter 4 - Emergency Planning

Emergency Staffing

401.1 PURPOSE AND SCOPE

The facility must operate at all times as a safe and secure environment, regardless of staffing levels. Consequently, contingency plans should be made in advance for any staffing emergency or planned job action, regardless of the length of the staffing deficit.

401.2 POLICY

It is the policy of this department to be prepared to operate a safe and secure facility in the event of a staffing emergency. Staffing emergencies that could negatively affect the good order of the facility may include, but are not limited to, lack of trained staff in a certain department, an outbreak of infectious disease, a work stoppage or strike by the staff, a natural disaster or other disruption.

401.2.1 EMERGENCY STAFFING

In the event the Director, Chiefs, or on duty supervisor becomes aware that a staffing emergency exists or may occur, staff members who are present may be ordered to remain at their posts. A request for additional staff to respond to the facility to help with the emergency may be made. Based on the emergency, the Director, Chiefs or on duty supervisor may implement the following protocols:

- The facility may go to a lockdown. Minimum activities, including visiting, recreation, attorney visits, and other programs will be suspended only if necessary. Meals, and medical services will continue as the situation allows in a timely manner. Other activities will be assessed by the Director, Chiefs, or on duty supervisor on a case-by-case basis.
- Corrections Staff who are assigned to other departments within the jail may be temporarily moved to fill vacancies in the facility.
- Assistance from local agencies may be requested to help assist with movement of inmates and traffic control if inmates need to be evacuated from the facility.
- Contracting with surrounding facilities for inmate housing may be necessary if adequate staffing cannot be obtained to safely operate the facility.

The Director, Chiefs, or on duty supervisor, based on the current staffing emergency and the reason for the staffing emergency, may implement other protocols as necessary.

401.2.2 LEGAL ASSISTANCE

Employees of this department may not participate in work stoppages or strikes (RCW 41.56.120).

In cases where the Director becomes aware that a work stoppage is planned or has occurred, legal counsel should be consulted for assistance in preparing the necessary legal action to either prevent the work stoppage or to cause it to cease. Immediate contact with the employees' representatives may also be necessary to prevent or conclude the job action.

Emergency Power and Communications

403.1 PURPOSE AND SCOPE

The Chelan County Regional Justice Center facility must continue to operate as a safe and secure environment regardless of emergencies, including electrical outages. The purpose of this policy is to establish guidelines regarding back-up power and communication systems, and the inspection, preventive maintenance and testing of the systems to ensure a seamless transition in the event of a loss of power.

403.2 POLICY

It is the policy of this department to ensure that power to critical systems and communications continues to operate within the facility in the event of a loss of power.

403.2.1 PREVENTIVE MAINTENANCE

It is the responsibility of the Chelan County Maintenance Department to ensure that there is sufficient emergency power to operate all essential lighting, security equipment, safety equipment and communications systems.

The emergency power system should be inspected, tested and maintained as necessary by the Chelan County Maintenance Department. In the event that the system fails, the Director or on duty supervisor should contact the designated maintenance personnel or repair company, to obtain necessary repairs as soon as practicable.

403.2.2 SAFETY AND SECURITY

All safety and security equipment will be repaired or replaced in an expedited manner by qualified personnel. In the event that safety and security equipment become inoperable or damaged and it is not safe to operate a secure portion of the facility, that portion of the facility should be vacated and the inmates housed elsewhere.

403.2.3 INSPECTION AND TESTING

The Chelan County Maintenance Department is responsible for scheduled testing of emergency power systems. The power system manufacturer should be contacted for the required testing intervals and load information. The emergency power system should be load-tested in accordance with the manufacturer's recommendations.

Chapter 5 - Inmate Management

Inmate Counts

500.1 PURPOSE AND SCOPE

Inmate counts are vital to the security of the facility, the safety of the staff and the welfare of the inmates. This policy establishes guidelines for the frequency of inmate counts, which ensures that all inmates and their status can be accounted for at any time.

500.2 POLICY

It is the policy of this department to account for all inmates within and under the control of this facility through scheduled and other counts as needed.

500.3 PROCEDURE

The Director or the authorized designee shall be responsible for creating and maintaining a written procedure establishing the process and frequency of counts. Dayshift will conduct a formal count within the first two hours of their shift. Nightshift will conduct a formal count during the nightly walkthrough (2300 Hrs approximately). Inmate counts shall also take place at each meal service. Emergency counts may be conducted at the direction of the on duty supervisor as needed. Electronic counts shall not be substituted for direct staff observation.

All counts shall be documented on the daily activity log and verified by the on duty supervisor. Counts shall include all inmates in custody, including those on work assignments, furlough, and those who are off-site, such as the hospital or court.

Any discrepancy in the count should immediately be reported to the Chief of Operations and resolved prior to the release of the shift personnel responsible for the count. A count will be conducted in which all inmates will be identified by photo if there is a discrepancy in the count.

In the event that an escape is discovered during the inmate count, the on duty supervisor will initiate action to investigate the escape by promptly notifying law enforcement agencies, the Director and Chief of Operations, initiating a search, and complying with other procedures as needed in accordance with the Facility Emergencies Policy.

A complete report of the incident will be prepared and provided to the Chief of Operations and Director as soon as practicable.

Booking Admission

501.1 PURPOSE AND SCOPE

The Chelan County Regional Justice Center has a legal and methodical process for the reception of arrestees into this facility. This policy establishes guidelines for security needs, the classification process, identification of medical/mental health issues and the seizure and storage of personal property.

501.2 POLICY

This department shall use the following standardized policies when receiving arrestees to be booked into this facility. This is to ensure security within the facility and that arrestees are properly booked and afforded their applicable rights.

501.3 PRE-BOOKING SCREENING

All arrestees shall be screened prior to booking to ensure the arrestee is medically and mentally acceptable for admission and that all arrest or commitment paperwork is present to qualify the arrestee for booking. Required paperwork may include the following:

- (a) Citations
- (b) Warrantless Forms
- (c) Warrants
- (d) DOC Detainers
- (e) US Marshall Holds
- (f) Bond Surrender
- (g) Court Commit Orders
- (h) Probable Cause Statements
- (i) Victim notification information
- (j) Special needs related to religious practices, such as diet, clothing and appearance
- (k) Accommodation requests related to disabilities
- (l) Information regarding suicidal statements or actions

Any discrepancies or missing paperwork should be resolved before accepting the arrestee for booking from the arresting or transporting officer.

501.3.1 RECEIVING ARRESTEES

The Director should ensure that policies and procedures related to the admission process are to be communicated to law enforcement agencies which commonly bring arrestees to the jail for booking, including:

- (a) Arrestees in urgent need of medical attention should not be transported to this facility.
- (b) Arrestees brought to this facility should be properly restrained.

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- (c) Transporting officer should stay until the arrestee has been searched, screened and accepted.
- (d) All information relevant and necessary to safely process and house the arrestee shall be requested from transporting officer.

501.4 SEARCHES BEFORE ADMISSION

All arrestees and their property shall be searched for contraband by the arresting/transporting officer before being accepted for booking. All contraband items will be handled according to facility policy. Items of possible evidentiary value may be turned over to the arresting or transporting officer for processing or processed according to the facility's rules for handling evidence. Approved personal property and clothing will be accepted. Items not approved will be returned to the arresting or transporting officer prior to the arrestee being accepted for booking. A description of the items returned to the transporting officer shall be documented on the arrestee's booking record.

Strip searches shall be conducted in accordance with the Searches Policy.

501.5 ADMISSION PROCESS

A unique booking number shall be obtained specific to the current admission. Photographs and fingerprints shall be taken.

The admission process should include an attempt to gather a comprehensive record of each arrestee, including the following:

- Identifying information, including name and any known aliases or monikers
- Current or last known address and telephone number
- Date and time of arrest
- Date and time of admission
- Name, rank, agency and signature of the arresting officer and transporting officer, if different
- Health insurance information
- Legal authority for confinement, including specific charges, arrest warrant information and court of jurisdiction
- Sex
- Age
- Date of birth
- Race
- Height and weight
- Occupation and current or most recent employment
- Preferred emergency contact, including name, address, telephone number and relationship to inmate

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- Social Security number
- Additional information concerning special custody requirements or special needs
- Local, state and federal criminal history records check by classification
- Fingerprints (RCW 43.43.745)
- Photographs, fingerprints and notation of any marks or physical characteristics unique to the inmate, such as scars, birthmarks, deformities or tattoos
- Medical, dental and mental health screening records, including suicide risk
- Inventory of all personal property including clothing, jewelry and money
- The department will issue a phone card for local and long distance calls. The phone card is good for two (2) free calls and/or calling collect.
- Name of booking staff member

Inventoried items of rare or unusual value should be brought to the attention of a supervisor. The inmate's signature should be obtained on the booking record and on any forms used to record money and property.

501.5.1 LEGAL BASIS FOR DETENTION

Arrestees admitted to the facility shall be notified of the official charge for their detention or legal basis of confinement.

501.5.2 MISSING PERSON REPORT

When completing the admission process, if information from the National Crime Information Center, Washington Crime Information Center, or similar authority reveals that the arrestee is the subject of a missing person report, the Chelan County Regional Justice Center shall notify the agency with original jurisdiction for the missing person report that the arrestee is in custody (RCW 68.50.320).

501.6 INMATE PROPERTY CONTROL

All property received from inmates at the time of booking shall be inventoried. A receipt should be signed by the inmate and the booking deputy. The original copy of the property receipt will be retained and placed in the inmate's file and/or with the property.

Excess personal clothing or items not accepted by the facility will be taken by the arresting officer for storage.

501.6.1 VERIFICATION OF INMATE'S MONEY

All monies belonging to the inmate and inventoried by the booking deputy shall be verified by a second deputy. The dollar amount will be added to the property intake sheet. All money should be placed in a separate envelope and taken to control.

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Negotiable checks or other instruments and foreign currency should be placed in a zip lock bag with the amount indicated but not added to the cash total. Jewelry should be placed in an envelope and other small property should be placed in a zip lock bag.

501.6.2 PROPERTY STORAGE

All inmate property should be stored in a secure storage area. Only authorized personnel may access the storage area and only for the purpose of depositing or retrieving property, or to conduct duly authorized work, including maintenance and other duties as directed by the Director.

501.7 INMATE TELEPHONE CALLS

Every inmate, whether adult or juvenile, detained in this facility shall be allowed to make phone calls. The calls may be of a duration that reasonably allows the inmate to make necessary arrangements for matters that he/she may be unable to complete as a result of being arrested. The calls are not intended to be lengthy conversations and the custody staff may use their judgment in determining the reasonable duration of the calls.

There is no obligation for the custody staff to make a telephone call on an inmate's behalf, for example in the case of a person who is so intoxicated or under the influence that he/she cannot make a call.

501.7.1 TELEPHONE CALL PROCEDURES

The Department will issue a phone card for local and long distance calls. The phone card is good for two (2) free calls and/or calling collect.

Calls between the inmate and his/her attorney shall be deemed confidential and shall not be monitored, eavesdropped upon or recorded (RCW 9.73.095(4)).

501.7.2 ONGOING TELEPHONE ACCESS

Ongoing telephone access for inmates who are housed at this facility will be in accordance with the Inmate Telephone Access Policy.

501.8 IMMIGRATION DETAINERS

No individual should be held based solely on a federal immigration detainer under 8 CFR 287.7 unless the person has been charged with a federal crime or the detainer is accompanied by a judicial warrant (RCW 10.93.160).

501.8.1 IMMIGRATION INQUIRIES

Deputies shall not (RCW 10.93.160):

- (a) Inquire or collect information about an individual's immigration or citizenship status, or place of birth unless there is a connection between the information and an investigation into a violation of state or local criminal law.
- (b) Provide information pursuant to notification requests from federal immigration officials for the purpose of civil immigration enforcement, except as required by law.

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Booking Admission

No individual shall be held in custody solely for the purpose of determining immigration status (RCW 10.93.160).

501.8.2 IMMIGRATION OFFICIAL INTERVIEWS

Employees shall not give federal immigration officials access to interview inmates about a noncriminal matter while in custody, except where allowed by state or federal law, court order, or by consent of the inmate (RCW 10.93.160).

Permission may be granted to a federal immigration official to conduct an interview regarding federal immigration violations with an inmate if the inmate consents in writing to be interviewed. The Chelan County Regional Justice Center shall provide the inmate with an oral explanation and a written consent form that explains the purpose of the interview, the interview is voluntary, and that the inmate may decline to be interviewed or choose to be interviewed with the inmate's attorney present. The form must explicitly state that the inmate will not be punished or suffer retaliation for declining to be interviewed. The form shall minimally be available in English and Spanish. The form shall be explained orally to an inmate who is unable to read the form or, if necessary, explained by an interpreter from the Washington State Patrol (WSP) communications center language line or other WSP resources (RCW 10.93.160).

Inmate Jail Checks

503.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a requirement for conducting visual jail checks at least every 60 minutes for all inmates, and for creating and maintaining a log to document all jail checks.

503.2 POLICY

It is the policy of the Chelan County Regional Justice Center that all assigned correctional deputies shall conduct jail checks at least once every 60 minutes on all inmates, or more frequently as determined by inmate custody status and/or housing classification.

Jail checks shall be made through direct visual observation. Cameras and monitors may supplement the required visual observation jail checks but they shall not replace the need for direct visual observation. Jail checks will be clearly documented on permanent logs in accordance with the department Daily Activity Logs Policy.

Chelan County Regional Justice Center staff conducts regular security checks of the segregation units and holding cells in an effort to better monitor the health, safety, and well-being of the individuals incarcerated in these areas. Staff is encouraged to have regular interaction with the individual(s) housed in these units to better assess the well-being of the individual(s). These checks will be scheduled as part of the daily duties of the assigned custody staff.

503.2.1 DEFINITIONS

1. Security Check: An in-person visual and or physical check of jail areas and individuals.

503.3 JAIL CHECKS

The staff shall adhere to the following procedures when conducting jail checks:

- (a) Jail checks shall be conducted at least every 60 minutes and more frequently if necessary.
- (b) Segregation/Holding Cell unit checks will be scheduled to start on the half hour throughout the day (example 0630, 0730, 0830, etc.).
- (c) When conducting security checks a minimum of 2 custody staff will be inside the living unit.
- (d) Staff should stay in groups of at least 2 while in the unit(s). Do not divide and send one deputy upstairs and one downstairs.
- (e) Staff should take into consideration using the same starting point to begin their security checks to better ensure consistency and adhere to the hourly schedule.
- (f) Jail checks shall consist of a direct visual observation of a living breathing person to assess the individuals well-being and behavior and shall be sufficient to determine whether the inmate is experiencing any stress or trauma.
- (g) At a minimum 2 staff will ensure that both are in agreement that movement was observed at each individual cell that has a person in it, before moving on to the next individual cell. (Living Breathing Person)

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Inmate Jail Checks

- (h) Holding cells will be checked by assigned staff at a minimum of once hourly as their schedule allows.
- (i) Cameras and monitors may supplement the required visual observation jail checks but they shall not replace the need for direct visual observation.
- (j) Jail checks will be clearly documented on permanent logs in accordance with the department Daily Activity Logs Policy.
- (k) Actual times of the checks and notations should be recorded on the daily activity logs.
- (l) Log entries shall never be made in advance of the actual check. Log entries made in this manner do not represent factual information and are prohibited.
- (m) Special Management Inmates shall be checked more frequently as detailed in the Special Management Inmates Policy.

Special Management Inmates

504.1 PURPOSE AND SCOPE

Inmates who pose a heightened risk to themselves or others require special management, including frequent interaction and increased supervision by staff. Interaction with special management inmates is essential to maintaining a safe, secure and humane environment. This policy establishes guidelines and procedures for interacting with special management inmates in the custody of the Chelan County Regional Justice Center.

504.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative segregation - The physical separation of an inmate who is prone to escape or assault staff or other inmates, or one who is mentally deficient, in need of medical isolation or infirmary status. This is a non-punitive classification process.

Protective custody - A level of custody either requested or required for an inmate's protection from others.

Special management inmate - An inmate who falls into either of the previously mentioned classifications.

504.2 POLICY

This department shall provide for the secure and segregated housing of any inmate, but shall not impose more deprivation of privileges than is necessary to obtain the objective of protecting the inmate, staff or the public.

504.3 SPECIAL MANAGEMENT INMATES HOUSING CRITERIA

The safety and security of this facility is dependent on a classification system that identifies inmates who pose a risk to themselves or to others. Inmates who pose such a risk must be promptly and appropriately segregated from the general inmate population until such time that they no longer pose a risk. Staff must have the ability to promptly segregate these inmates pending further review.

Individuals who may be classified as special management inmates include, but are not limited to, inmates who are:

- In protective custody or court-imposed segregation.
- Exhibiting mental health concerns.
- An escape threat.
- A serious violence threat.
- Known to have gang affiliation.
- A known management problem.
- A suicide risk.

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Special Management Inmates

- Exhibiting medical issues.
- Physically impaired.

504.4 CIRCUMSTANCES REQUIRING IMMEDIATE SEGREGATION

Inmates will generally be assigned to segregation through the classification process. The Director or On-duty supervisor has the authority to immediately place any inmate into segregation when it reasonably appears necessary to protect the inmate or others (see the Disciplinary Segregation Policy).

Reasons that an inmate may be placed into immediate segregation include the following:

- (a) The inmate requests protection or is under court-ordered protection, or the staff has determined that the inmate requires protection.
- (b) There is reason to believe the inmate poses a danger to him/herself or others.
- (c) The inmate poses an escape risk.
- (d) The inmate requires immediate mental health evaluation and medical housing is not reasonably available.
- (e) The inmate is charged with a disciplinary infraction and is awaiting a disciplinary hearing. In the judgment of the staff, the inmate may become disruptive or dangerous if left in general population.
- (f) The inmate is in the process of being transferred to a higher security classification.
- (g) Other circumstances where, in the judgment of the staff, the inmate may pose a threat to him/herself, others or the security of the facility.

504.4.1 REVIEW PROCESS

The Chief of Operations or designee shall be notified when any inmate is placed in immediate segregation and shall be informed of the circumstances leading to the order to segregate. Within 72 hours of the inmate being placed into segregation, the Chief of Operations or the authorized designee must review the circumstances surrounding the segregation to determine which of the following actions shall be taken:

- (a) The inmate is designated for administrative segregation.
- (b) The inmate is designated for protective custody.
- (c) The inmate remains segregated pending a disciplinary hearing.
- (d) The inmate is returned to general inmate population.

504.5 PROTECTIVE CUSTODY

The deputy responsible for assigning classifications to incoming inmates shall clearly document the reason an inmate should be placed into protective custody. Inmates in need of protective custody may be placed in a segregation unit when there is documentation that the protective custody is warranted and segregation is the least restrictive alternative reasonably available.

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Special Management Inmates

Inmates who are in protective custody shall receive all services and programs that are available to inmates in general population and that are deemed a privilege. Any deviation from allowing usually authorized items or activities shall be documented on the inmate's file.

504.6 MAINTENANCE OF PRIVILEGES

Inmates who are classified for housing in administrative segregation or protective custody shall, at a minimum, be allowed access to programs and services including, but not limited to, the following:

- Inmate telephones
- Family visitation
- Educational programming appropriate to the inmate classification
- Access to commissary services
- Library and law library services
- Social services
- Faith-based guidance, counseling and religious services
- Recreation activities and exercise
- Social and professional visits

Nothing in this policy prohibits changing the delivery of programs or services to segregated inmates in order to provide for the safety and security of other inmates and staff.

504.7 REVIEW OF STATUS

The classification officer shall review the status of all inmates who are housed in segregation units and designated for administrative segregation or protective custody. The review should include information about these inmates to determine whether their status in administrative segregation and protective custody is still warranted.

If other reasonable housing options exist that will provide for the safety of the inmate, the inmate should be moved out of segregation. In reviewing an alternative housing decision, the safety of the inmate shall receive the utmost consideration.

504.8 HEALTH EVALUATION REQUIREMENTS

After notification from staff that an inmate is being placed in segregation, the On-duty supervisor shall ensure that the following occurs:

- (a) If necessary, a qualified health care professional shall review the inmate's health record to determine whether existing medical, dental or mental health needs contraindicate the placement or require special accommodations.
- (b) If contraindications or special accommodations are noted, the qualified health care professional shall inform the On-duty supervisor and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

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504.8.1 HEALTH CONSIDERATIONS

Due to the possibility of self-inflicted injury and depression during periods of segregation, health evaluations should include notations of any bruises and other trauma markings.

- (a) If necessary, each inmate in segregation should receive a daily visit by medical staff. A medical assessment should be documented in the inmate's medical file.
- (b) A qualified health care professional shall also conduct weekly rounds for a mental health evaluation.

When an inmate is classified as a special management inmate due to the presence of a serious mental illness and is placed in a segregation setting, the staff shall document this in the inmate's file and notify the qualified health care professional. When an inmate is expected to remain in segregation for more than 30 days (based upon disciplinary decisions, protective needs or other factors), the qualified health care professional shall be notified.

504.9 SAFETY CHECKS

Two staff members shall conduct a safety check of all special management inmates, including those housed in administrative segregation or protective custody, at least every 60 minutes.

Inmates who are at risk of suicide shall be under continuous observation via cameras and 15 minute checks until cleared by a qualified health care professional. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

Special management inmates shall receive increased monitoring to include, at a minimum:

- (a) A daily visit by the On-duty supervisor or the authorized designee.
- (b) Visits by members of the program staff, upon request.

All management, program staff and qualified health care professional visits shall be documented in the appropriate records and logs and retained in accordance with established records retention schedules.

504.10 LOG PROCEDURES

Once an entry is made it should not be modified. If corrections or changes are needed they should be done by way of a supplemental entry. Electronically captured logs will be maintained in a way that prevents entries from being deleted or modified once they are entered. If necessary, the on duty supervisor can modify log entries. Corrections or changes must be done by way of supplemental entries. At a minimum the log will contain most of the following:

- Inmate name
- Inmate identification number
- Housing location

Log entries should be legible, entered promptly and provide sufficient detail to adequately reflect the events of the day for future reference.

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The date and time of the observation or incident and the name and identification number of the staff member making the log entry shall be included on each entry.

Supervisors should review the logs frequently during the shift and enter comments as appropriate.

All safety checks will be documented in detail and should include the exact time of the safety check and the identification information of the employee conducting the check.

504.10.1 LOG INSPECTION AND ARCHIVAL OF LOGS

The On-duty supervisor shall review and evaluate the logs and pass any significant incidents via the chain of command to the Chief of Operations for review.

The logs will be retained in accordance with established records retention schedules, but in no case less than one year.

Juvenile Housing

505.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure the safety and security of juvenile inmates who are being prosecuted as adults and housed in the Jail.

505.1.1 DEFINITIONS

Definitions related to this policy include:

Juvenile - A person under the age of 18.

505.2 POLICY

It is the policy of this department to prohibit the housing of juveniles, except when the juvenile is being prosecuted as an adult.

505.3 JUVENILE UNIT

All juveniles shall be first housed separately from adults in Protective Custody. The Department will seek to provide accommodations and services to juvenile equal to those provided to adults or, when appropriate, modified to benefit a juvenile due to his/her age (28 CFR 115.14).

When a juvenile inmate is not suited for the special needs unit because the inmate poses an unusual risk to other juvenile inmates or to him/herself, alternate housing may be sought with the approval of the Director. In such cases, the Director should:

- (a) Determine a reasonable housing option for the juvenile inmate.
- (b) Document the reasons for the alternate housing.
- (c) Reassess the juvenile's housing on a weekly basis.
- (d) As much as practicable, meet all the requirements as if the juvenile were housed in the Special Needs Unit.
- (e) Move the juvenile inmate into the Special Needs Unit when appropriate.
- (f) Ensure the juvenile receives regular contact with a mental health specialist to monitor the juvenile's well-being and to address any behaviors that may impede his/her return to the Special Needs Unit.

505.4 SUPERVISION

Juvenile inmates in the Special Needs Unit should be monitored and supervised to ensure their safety and security. Supervision should include but is not limited to:

- (a) Being able to hear and respond to juvenile inmates at all times.
- (b) Conducting direct visual observation safety checks of all juvenile inmates at least once every 60 minutes. Audio/video electronic surveillance systems may supplement but shall not replace direct visual observation.
- (c) Observing the juvenile and his/her movement during safety checks.
- (d) Documenting all safety checks.

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505.5 CLASSIFICATION PLAN

A specialized classification plan should be created for each juvenile inmate to determine the level of risk and any program needs that would be developmentally appropriate. In addition, the following information shall be identified and documented in the plan:

- Physical stature
- Mental state or maturity level
- Social skills
- Educational maturity

505.6 JUVENILE UNIT DESIGN

The Special Needs Unit should provide sufficient space for activities and other personal interactions with inmates and staff.

505.7 RELEASE PROCEDURES

Prior to releasing any juvenile, inmate, the releasing deputy should contact the juvenile's parent or guardian. The juvenile's personal clothing and property shall be given to the inmate upon his/her release.

505.7.1 PROPERTY RELEASE

The juvenile's personal clothing and property shall be given to the juvenile upon his/her release. If the juvenile consents prior to release, property may be released to his/her parent or guardian.

505.8 RECREATION PROGRAMS

All juvenile inmates should be allowed comparable recreation as set forth in the adult incarceration exercise schedule specified in the Inmate Exercise and Recreation Policy (28 CFR 115.14).

The Director or designee, if necessary, shall develop written procedures to provide a recreation program that shall protect the welfare of minors and other inmates and that recognizes facility security needs.

All juvenile inmates should be provided with unstructured activities daily (e.g., watching television).

505.9 DISCIPLINARY PROCEDURE

The disciplinary procedures for adults in the jail should apply to the juvenile inmates as well, with the following exceptions:

- (a) Juvenile inmates requiring disciplinary detention shall only be housed in an area designed for the detention of minors.
- (b) The only permitted forms of discipline are the following:
 1. Loss of privileges
 2. Disciplinary segregation.
- (c) Loss of access to visitation and recreation shall only occur after a review by the supervisor and shall be reviewed every five days.

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- (d) A status review by a supervisor shall be conducted every 24 hours for juvenile inmates housed in disciplinary detention.
- (e) Prohibited discipline includes the following:
 - 1. Any discipline that does not fit the violation
 - 2. Corporal punishment
 - 3. Inmate imposed discipline
 - 4. Placement in a safety cell
 - 5. Deprivation of food
 - 6. Imposition of the adult disciplinary detention diet

505.10 EDUCATION

Juvenile inmates should be provided with sufficient hours of educational programming per day to mitigate any disruption to their current schooling and/or to comply with any legal requirements. The Director should consult with the appropriate education authorities to provide these opportunities.

An education program shall be made available to juvenile inmates at the Jail through the local school district (RCW 28A.194.010). The Director shall ensure that a written contract is executed as provided in RCW 28A.194.060 with each education provider.

To support the education programs required by law, the Director shall ensure that appropriate space, equipment and security is maintained for the education program (RCW 28A.194.050).

The Director shall notify the appropriate school district within five school days whenever an eligible juvenile inmate is incarcerated in this facility and provide medical and mental health records necessary for a determination by the school district of the educational needs of the juvenile inmate (RCW 28A.194.050).

505.11 SERIOUS ILLNESS OR INJURY OF A JUVENILE

In the event that a juvenile becomes seriously ill or injured or attempts suicide, the Director or the authorized designee should notify the court of jurisdiction and the parent, guardian or person standing in loco parentis to the juvenile, as soon as practicable. The Suicide Prevention and Intervention Policy, the Reporting Inmate Deaths Policy and the Inmate Death - Clinical Care Review Policy apply to juveniles as well as adults.

Inmate Classification

507.1 PURPOSE AND SCOPE

This policy describes the Chelan County Regional Justice Center's classification process, which is designed to identify security and health issues so that inmates may be held in such a way as to foster a safe and secure facility.

507.1.1 DEFINITIONS

Definitions related to this policy include:

Civil detainee - Any person held in custody for a reason other than for criminal matters.

507.2 POLICY

All arrestees and detainees entering this facility will be processed to determine whether they will be housed in the facility, cited and released, released on their own recognizance (P.R.) or bail, or released back to the community through an appropriate release mechanism, including alternatives to incarceration programs, such as electronic supervision.

It is the policy of this department to properly classify inmates according to security and health risks so that appropriate supervision, temporary holding and housing assignments may be made.

507.3 CLASSIFICATION PLAN

The Director or authorized designee should create and maintain a classification plan to guide staff in the processing of individuals brought into the facility.

The plan should include an initial screening process, as well as a process for determining appropriate housing assignments (28 CFR 115.42). The plan should include use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms and a process to ensure that all classification and housing records are maintained in each inmate's permanent file. The plan should include an evaluation of the following criteria:

- Age
- Sex
- Current charges
- Behavior during arrest and intake process
- Criminal and incarceration history
- Mental and emotional stability
- Potential risk of safety to others or self
- Special management inmate status
- Special needs assessment for vulnerable inmates

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- Behavioral or physical limitations or disabilities
- Medical status
- Level of sobriety at booking
- Suicidal ideation
- Escape history and degree of escape risk
- History of assaultive behavior
- The need to be separated from other classifications of inmates (e.g., juvenile offenders gang affiliation, confidential informant, former law enforcement, sexual orientation)
- Prior convictions for sex offenses against an adult or child
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming (see Prison Rape Elimination Act Policy for transgender and intersex definitions)
- Previous sexual victimization
- The inmate's own perception of his/her vulnerability
- Whether the inmate is a foreign national and if so from what country (see Foreign Nationals and Diplomats Policy)
- Prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Department (28 CFR 115.41)
- Any other criteria as deemed appropriate by the Director or the authorized designee

The plan should include a methodology for evaluating the classification process and a periodic review for the purpose of continuous quality improvement.

Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.41).

507.3.1 INMATE RESPONSE TO SCREENING

Inmates may not be compelled by threat of discipline to provide information or answers regarding (28 CFR 115.41):

- (a) Whether the inmate has a mental, physical or developmental disability.
- (b) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- (c) Whether the inmate has previously experienced sexual victimization.
- (d) The inmate's own perception of vulnerability.

507.4 INITIAL CLASSIFICATION

The initial assessment process is intended to identify predatory, violent and at-risk inmates. It should occur during the booking process to allow for appropriate supervision while an inmate is

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being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment.

This initial assessment will be done by the booking officer, and should include an evaluation of at least the following:

1. The inmate's current charges
2. The inmate's current mental and physical condition.
3. Any Spillman flags.
4. Any previous behavior or housing issues.
5. Any known previous arrests for a Crime of Violence as defined by RCW 9.94A.030.

All newly arrested inmates will be housed in a designated Intake Housing Unit unless their behavior, physical condition, or other circumstances (prisoner separations, gang affiliation, registered sex offender status, etc.) dictate otherwise.

507.5 CLASSIFICATION UPON HOUSING

Once it has been determined that the person arrested will not be released from custody on bail or P.R., a more in-depth classification of the inmate will be conducted as soon as possible after which the inmate will be moved to more permanent housing.

507.5.1 INTERVIEW

The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification deputy. The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each inmate.

Individualized determinations shall be made about how to ensure the safety of each inmate (28 CFR 115.42).

507.5.2 OVERRIDE

The classification deputy has the authority to override the scores when it appears necessary to more appropriately assign housing. The override capability exists to use the classification deputy's training and expertise in those instances when the numerical scores are not reflective of the inmate's potential security or health risk. All overrides will be reviewed by the classification supervisor or their designee and are intended to be an exception, rather than the rule.

507.6 HOUSING ASSIGNMENTS

Inmates should be housed based upon the following criteria:

- Classification level
- Age

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- Sex
- Legal status (e.g., pretrial or sentenced)
- Special problems or needs
- Behavior
- Any other criteria identified by the Director

507.6.1 SEPARATION

Male and female inmates shall be housed to ensure visual and physical separation.

Civil detainees shall be housed separately from pretrial and sentenced inmates.

507.7 CLASSIFICATION SPACE ALLOCATION

The classification plan depends on the ability of the facility to physically separate different classes of inmates. To ensure that allocated space meets the current population needs, the Director or the authorized designee should periodically meet with the classification deputies to discuss the fixed resources (e.g., cells, dorms, dayrooms).

507.8 SINGLE-OCCUPANCY CELLS

Single-occupancy cells may be used to house the following categories of inmates:

- Maximum security
- Administrative segregation
- Severe medical disabilities (upon consultation with medical staff and the availability of medical beds) or by supervisor approval
- Severe mental illness (upon consultation with mental health staff and the availability of mental health beds) or by supervisor approval
- Sexual predators
- Any inmate with an elevated risk of being exploited or victimized by others
- Any inmate whose condition or status indicates a special need for single-occupancy housing

The classification supervisor shall notify the Director or the authorized designee when single-occupancy cells are not available for housing the above described inmates. In such cases, a risk assessment shall be used to identify inmates in the above categories who may be safely housed together.

507.9 PRISON RAPE ELIMINATION ACT (PREA) CONSIDERATIONS

Housing, bed, work and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as

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being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43; 28 CFR 115.68).

Housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management or facility security concerns. A transgender or intersex inmate's views with respect to his/her own safety shall be given serious consideration.

Lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement or legal judgment (28 CFR 115.42).

507.10 STAFF TRAINING IN CLASSIFICATION

Classification deputies should receive training specific to inmate classification before being assigned primary classification duties. Individuals not specifically trained in inmate classification may work in classification provided that they are under the immediate supervision of a trained and qualified staff member.

Conducted Energy Device

508.1 PURPOSE AND SCOPE

This policy provides guidelines for the issuance and use of the conducted energy weapon (CEW)

508.2 ISSUANCE AND CARRYING CEWS

The CEW may only be issued to deputies who have completed department-approved training for use during their current assignment. Those leaving a particular assignment may be required to return the device to the Department inventory.

Deputies shall only use the CEW and cartridges that have been issued by the Department. The device may be carried as part of a uniformed deputy's equipment.

- (a) The CEW shall be maintained in a secure storage location (see the Management of Weapons and Control Devices Policy).
- (b) Each CEW shall be clearly and uniquely numbered.
- (c) Upon arriving for work, deputies shall acquire their devices.
- (d) Upon finishing the shift, each deputy shall turn in the device to the approved secure storage area.
- (e) Whenever practicable, deputies should carry two or more CEW cartridges on their person at all times when carrying the CEW.
- (f) Deputies shall be responsible for ensuring that their issued CEW is in good working order at all times. Deputies carrying the CEW should perform a spark test on the unit prior to every shift.
- (g) Deputies should not hold a firearm and the CEW at the same time.
- (h) The CEW should be marked with a distinctive color or marking to distinguish it from firearms or any other device.
- (i) CEW will be carried on the opposite side of the deputy's firearm.

508.3 VERBAL AND VISUAL WARNINGS

A verbal warning of the intended use of the CEW should precede its application, unless it would otherwise endanger the safety of deputies or when it is not practicable due to the circumstances. The purpose of the warning is to:

- (a) Provide the inmate with a reasonable opportunity to voluntarily comply.
- (b) Provide other deputies and inmates with a warning that the CEW may be deployed.

If, after a verbal warning, an inmate is unwilling to voluntarily comply with a deputy's lawful orders and it appears both reasonable and feasible under the circumstances, the deputy may, but is not required to, display the electrical arc (Taser 7 or newer) or the laser in a further attempt to gain compliance prior to the application of the CEW. The aiming laser should never be intentionally directed into the eyes of another person as it may permanently impair their vision.

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The fact that a verbal and/or other warning was given or the reasons it was not given shall be documented by the deputy deploying the device in the related report.

508.4 USE OF THE CEW

As with any correctional equipment, the CEW has limitations and restrictions requiring consideration before its use. The CEW should be used only when its operator can safely approach the individual within the operational range of the device.

Although the CEW is generally effective in controlling most individuals, deputies should be aware that the device may not achieve the intended results and be prepared with other options.

508.4.1 APPLICATION OF THE CEW

A deputy may use the CEW when circumstances perceived by the deputy at the time indicate that such application is reasonably necessary to control an inmate in any of the following circumstances:

- (a) The inmate is actively or is physically resisting.
- (b) The inmate has demonstrated an intention to be violent or to physically resist and reasonably appears to have the potential to harm deputies, themselves, or others.

508.4.2 SPECIAL DEPLOYMENT CONSIDERATIONS

The use of the CEW should generally be avoided on certain individuals unless the totality of the circumstances indicates that other available options reasonably appear ineffective or would present a greater danger to the deputy, the inmate or others, and the deputy reasonably believes that the need to control the inmate outweighs the risk of using the device. Such individuals include:

- (a) Inmates who are known to be pregnant.
- (b) Elderly inmates.
- (c) Inmates with obviously low body mass.
- (d) Inmates who are handcuffed or otherwise restrained.
- (e) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.
- (f) Inmates whose position or activity may result in collateral injury (e.g., falls from height).

The CEW shall not be used to torture, psychologically torment, elicit statements from, or punish any inmate.

508.4.3 TARGETING CONSIDERATIONS

Reasonable efforts should be made to target lower center mass and avoid intentionally targeting the head, neck, chest, and groin. If the dynamics of a situation or officer safety do not permit the deputy to limit the application of the CEW probes to a precise target area, deputies should monitor the condition of the inmate if one or more probes strikes the head, neck, chest, or groin until the inmate is evaluated by a qualified health care professional.

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508.4.4 MULTIPLE APPLICATIONS OF THE CEW

Deputies should apply the CEW for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of the CEW against an inmate are generally not recommended and should be avoided unless the deputy reasonably believes that the need to control the inmate outweighs the potentially increased risk posed by multiple applications.

If the first application of the CEW appears to be ineffective in gaining control of an inmate and if circumstances allow, the deputy should consider certain factors before additional applications of the device, including:

- (a) Whether the probes are making proper contact.
- (b) Whether the inmate has the ability and has been given a reasonable opportunity to comply.

Deputies should generally not intentionally apply more than one CEW at a time against an inmate.

508.4.5 DOCUMENTATION

All CEW discharges shall be documented in the related incident report and on the CEW report form. Notification shall also be made to a supervisor in compliance with the department Use of Force Policy. Unintentional discharges, pointing the device at an inmate, laser activation, and arcing of the CEW will also be documented on the CEW report form. Any report documenting the discharge of the CEW will include an explanation of the circumstances surrounding the discharge.

Following the discharge, the onboard CEW memory will be downloaded through the data port by a certified CEW instructor and saved with the related incident report.

At a minimum the following should be documented:

- (a) Identification of all deputies firing CEWs
- (b) Cartridge serial number
- (c) Identification of all witnesses
- (d) Medical care provided to the inmate
- (e) Observations of the inmate's physical and physiological actions
- (f) Any known or suspected drug use, intoxication, or other medical problems

The Department should periodically analyze the report forms to identify trends, including deterrence and effectiveness. The certified CEW instructor should also conduct audits of data downloads and reconcile CEW report forms and recorded activations.

508.4.6 POST TASER DEPLOYMENT

Subjects who have been subjected to the Taser (CEW), or the probes, shall be treated as follows:

- (a) If the probes penetrate the skin, the probes shall be removed by personnel who have completed Department approved training; to include Deputies or Medical staff. The area of impact will be disinfected and appropriately dressed.

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- (b) If the probes are embedded in soft tissue areas such as the neck, face, and groin, removal shall be conducted by Medical staff personnel only.
- (c) If it is deemed by the Medical staff that transport to a Medical facility is necessary, a sample probe will go with the subject and shown to the staff treating the subject. A sample picture can be found on the Taser CEW Use Report.
- (d) When Medical staff is unavailable, the On Duty Supervisor will determine the medical needs of the subject and evaluate the need for medical evaluation by medical personnel.

Taser probes removal:

- (a) After the discharged probes have been removed from the subject, the discharged probes will be placed into a sharps container.

508.5 MEDICAL TREATMENT

Used CEW probes shall be considered a sharps biohazard, similar to a used hypodermic needle, and handled properly. Universal precautions should be taken.

All inmates who have been struck by CEW probes or who have been subjected to the electric discharge of the device shall be medically assessed. Additionally, any inmate who falls under any of the following categories should, as soon as practicable, be examined by a qualified health care professional:

- (a) The inmate may be pregnant.
- (b) The inmate reasonably appears to be in need of medical attention.
- (c) The CEW probes are lodged in a sensitive area (e.g., groin, breast, head, face, neck).

Any inmate exhibiting signs of distress or who is exposed to multiple applications (e.g., more than 15 seconds) shall be promptly examined by a qualified health care professional or medically evaluated.

If any individual refuses medical attention, such a refusal should be witnessed by another deputy and/or medical personnel and shall be fully documented in related reports.

508.6 TRAINING

Deputies who are authorized to carry the CEW shall be permitted to do so only after successfully completing the initial department-approved training. Any deputy who has not carried a CEW as a part of their assignment for a period of six months or more shall be recertified by the CEW instructor approved by this department prior to carrying or using the device again.

Proficiency training for deputies who have been issued CEWs should occur every year. A reassessment of a deputy's knowledge and/or practical skill may be required at any time if deemed appropriate by the Professional Services Sergeant.

Command staff and supervisors should receive CEW training as appropriate for the investigations they conduct and review.

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Deputies who do not carry CEWs should receive training that is sufficient to familiarize them with the device and with working with deputies who use the device.

The Professional Services Sergeant is responsible for ensuring that all deputies who carry CEWs have received initial and annual proficiency training. Periodic audits should be used for verification.

The application of CEWs during training could result in injury to deputies and should not be mandatory for certification.

All training and proficiency for CEWs will be documented in the deputy's training file.

The Professional Services Sergeant should ensure that all training includes:

- (a) A review of this policy.
- (b) A review of the Use of Force Policy.
- (c) Target area considerations, including techniques or options to reduce the unintentional application of probes near the head, neck, chest, and groin.
- (d) Handcuffing an inmate during the application of the CEW and transitioning to other force options.
- (e) Restraint techniques that do not impair respiration following the application of the CEW.
- (f) De-escalation techniques.

Control of Inmate Movement

509.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for the safe and secure movement of inmates between areas within the facility and transportation from the facility to court, medical appointments or other jurisdictions.

509.2 POLICY

The staff should be vigilant in the control and movement of inmates between areas within the facility and when transporting inmates outside the secure confines of the facility. Control may be by direct or indirect visual observation. All staff should consider all inmate movement as a high-risk activity. The staff should be aware of their surroundings at all times and take necessary steps to prevent the possession and exchange of contraband.

509.3 MOVEMENT OF INMATES

Movement of one or more inmates in the facility should be done in an orderly manner with inmates walking in a single-file line. Staff members should have situational awareness during the movement of inmates and should consider the design of the facility, areas of poor visibility and the presence of other inmates being moved. The staff should avoid areas where inmates may have access to contraband items.

Inmates should be restrained during movement based upon individual security classification, with higher risk inmates in handcuffs,. An exception to this procedure is when an inmate has a physical disability where restraint devices may cause serious injury. Pregnant inmates shall be moved in accordance with the Use of Restraints Policy (RCW 70.48.500).

It may also be necessary to increase the number of staff present to ensure the safe movement of high-security inmates.

The staff should be watchful in and around passageways and ensure that sallyport doors are secured to prevent escape.

Use of Force - Corrections Deputies

510.1 PURPOSE AND SCOPE

This policy provides guidelines on the reasonable use of force. While there is no way to specify the exact amount or type of reasonable force to be applied in any situation, every deputy of this department is expected to use these guidelines to make such decisions in a professional, impartial, and reasonable manner.

In addition to those methods, techniques, and control devices set forth below, the guidelines for the reasonable application of force contained in this policy shall apply to all policies addressing the potential use of force, including but not limited to the Chemical Agents, Conducted Energy Device, Use of Restraints, and Electronic Restraints policies.

510.1.1 DEFINITIONS

Definitions related to this policy include:

Deadly force - Force that is reasonably anticipated and intended to create a substantial likelihood of death or very serious injury.

Feasible - Reasonably capable of being done or carried out under the circumstances to successfully achieve the arrest or lawful objective without increasing risk to the deputy or another person.

Force - The application of physical techniques or tactics, chemical agents, or weapons to another person. It is not a use of force when a person allows him/herself to be searched, escorted, handcuffed, or restrained.

Force team technique - The force team technique ordinarily involves trained deputies who enter the inmate's area in tandem, each with a specific task, to achieve immediate control of the inmate.

Imminent - Ready to take place; impending. Note that imminent does not mean immediate or instantaneous.

Totality of the circumstances - All facts and circumstances known to the deputy at the time, taken as a whole, including the conduct of the deputy and the individual leading up to the use of force.

510.2 POLICY

The use of force is a matter of critical concern, both to the public and to the corrections community. Deputies can be involved on a daily basis in numerous and varied interactions and, when warranted, may use reasonable force in carrying out their duties.

Deputies must have an understanding of, and true appreciation for, their authority and limitations. This is especially true with respect to overcoming resistance while engaged in the performance of public safety duties.

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Use of Force - Corrections Deputies

The Chelan County Regional Justice Center recognizes and respects the value of all human life and dignity without prejudice to anyone. Vesting deputies with the authority to use reasonable force and to protect the public welfare requires monitoring, training, evaluation, and a careful balancing of all interests.

510.3 USE OF FORCE

Deputies shall use only that amount of force that reasonably appears necessary given the facts and circumstances perceived by the deputy at the time of the event to accomplish a legitimate government purpose such as to gain control of the individual; protect and ensure the safety of inmates, members, and others; prevent serious property damage; prevent escape; obtain compliance with facility rules and Deputies orders; or ensure the institution's security and good order.

The reasonableness of force will be judged from the perspective of a reasonable deputy with similar training and experience on the scene at the time of the incident. Any evaluation of reasonableness must allow for the fact that deputies are often forced to make split-second decisions about the amount of force that reasonably appears necessary in a particular situation, with limited information and in circumstances that are tense, uncertain, and rapidly evolving.

Given that no policy can realistically predict every possible situation a deputy might encounter, deputies are entrusted to use well-reasoned discretion in determining the appropriate use of force in each incident.

It is also recognized that circumstances may arise in which deputies reasonably believe that it would be impractical or ineffective to use any of the control devices, weapons, or methods provided by this department. Deputies may find it more effective or reasonable to improvise their response to rapidly unfolding conditions that they are confronting. In such circumstances, the use of any improvised device or method must nonetheless be reasonable and utilized only to the degree that reasonably appears necessary to accomplish a legitimate government purpose.

While the ultimate objective of every encounter is to avoid or minimize injury, nothing in this policy requires a deputy to retreat or be exposed to possible physical injury before applying reasonable force.

Force shall never be used as punishment.

510.3.1 FACTORS TO DETERMINE THE REASONABLENESS OF FORCE

When determining whether to apply force and evaluating whether a deputy has used reasonable force, a number of factors should be taken into consideration, as time and circumstances permit. These factors include but are not limited to:

- (a) Immediacy and severity of the threat to deputies or others.
- (b) The conduct of the individual being confronted, as reasonably perceived by the deputy at the time.

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- (c) Deputy/individual factors (e.g., age, size, relative strength, skill level, injuries sustained, level of exhaustion or fatigue, the number of deputies available vs. individuals).
- (d) The effects of suspected drug or alcohol use.
- (e) The individual's mental state or capacity.
- (f) The individual's ability to understand and comply with deputy commands.
- (g) The proximity of weapons or dangerous improvised devices.
- (h) The degree to which the individual has been effectively restrained and their ability to resist despite being restrained.
- (i) The availability of other reasonable and feasible options and their possible effectiveness.
- (j) The seriousness of the suspected offense or reason for contact with the individual.
- (k) The training and experience of the deputy.
- (l) The potential for injury to deputies, inmates, and others.
- (m) Whether the individual appears to be resisting, attempting to flee, or is attacking the deputy.
- (n) The risk and reasonably foreseeable consequences of escape.
- (o) The apparent need for immediate control of the individual or a prompt resolution of the situation to maintain or restore order.
- (p) Whether the conduct of the individual being confronted no longer reasonably appears to pose an imminent threat to the deputy or others.
- (q) Prior contacts with the individual or awareness of any propensity for violence.
- (r) Any other exigent circumstances.

510.3.2 DUTY TO INTERCEDE AND REPORT

Any deputy present and observing another law enforcement officer or a member using force that is clearly beyond that which is objectively reasonable under the circumstances should, when in a position to do so, intercede to prevent the use of unreasonable force.

Any deputy who observes another law enforcement officer or a member use force that is potentially beyond that which is objectively reasonable under the circumstances should report these observations to a supervisor as soon as feasible.

510.3.3 ALTERNATIVE TACTICS - DE-ESCALATION

When circumstances reasonably permit, deputies should use nonviolent strategies and techniques to decrease the intensity of a situation, improve decision-making, improve communication, reduce the need for force, and increase voluntary compliance (e.g., summoning additional resources, formulating a plan, attempting verbal persuasion).

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510.3.4 ADDITIONAL STATE REQUIREMENTS ON THE DUTY TO INTERCEDE AND REPORT

A deputy shall not be disciplined for or retaliated against in any way for intervening in or for reporting in good faith the unreasonable use of force by another corrections deputy or peace officer. (see the Anti-Retaliation Policy 114) (Chelan County Employee Handbook, Employee Conduct 2.3)

510.3.5 PAIN COMPLIANCE TECHNIQUES

Pain compliance techniques may be effective in controlling an actively resisting individual. Deputies utilizing any pain compliance technique should consider:

- (a) The degree to which the application of the technique may be controlled given the level of resistance.
- (b) Whether the individual can comply with the direction or orders of the deputy.
- (c) Whether the individual has been given sufficient opportunity to comply.

The application of any pain compliance technique shall be discontinued once the deputy determines that compliance has been achieved.

510.3.6 PERSPECTIVE

When observing or reporting force used by a deputy, each deputy should take into account the totality of the circumstances and the possibility that other deputies may have additional information regarding the threat posed by the subject.

510.3.7 RESTRICTIONS ON RESPIRATORY RESTRAINTS

Deputies of this department are not authorized to use respiratory restraints, also known as chokeholds or neck restraints.

510.4 USE OF OTHER WEAPONS, TOOLS AND CHEMICAL AGENTS

510.4.1 NOISE/FLASH DISTRACTION DEVICES

Noise/flash distraction devices, sting grenades, chemical grenades, and similar devices shall be used only at the direction of a supervisor and only by deputies who have been trained in and are qualified for the use of the devices.

510.4.2 ELECTRONIC CONTROL DEVICES

The use of Conducted Energy Weapon (CEW) shall be in accordance with the department Conducted Energy Device Policy (508).

The use of other electronic control devices, such as stun cuffs, stun vests, and stun belts, shall be in accordance with the department's Electronic Restraints Policy (512).

510.4.3 CHEMICAL AGENTS

Chemical agents shall only be used in the facility as authorized by the Director or the authorized designee and in accordance with the department Chemical Agents Policy (308). Oleoresin

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capsicum (OC) spray should not be used in the designated areas where inmates are assigned to respiratory isolation or on any inmate who is under control with or without restraints.

Inmates who have been affected and controlled by the use of chemical agents should be promptly provided with the proper solution to decontaminate the affected areas, when safe to do so.

If the inmate refuses to decontaminate, such a refusal shall be documented. If an inmate has been exposed in a cell and not removed from the cell where the exposure occurred, in-cell decontamination shall be afforded to the inmate, including:

- (a) Deputy advising the inmate how to decontaminate in the cell.
- (b) Clean clothing if the inmate's clothing was contaminated.
- (c) Monitoring of the in-cell inmate at least every 15 minutes on an irregular schedule..

510.4.4 PROJECTILE CHEMICAL AGENTS

Pepper projectile systems are plastic spheres filled with a derivative of OC powder. A compressed gas launcher delivers the projectiles with enough force to burst the projectile on impact, releasing the OC powder. The potential exists for the projectiles to inflict injury if they strike the head. Therefore, deputies deploying the pepper projectile system should not intentionally target the head except when the deputy reasonably believes the inmate may cause serious bodily injury or death to the deputy or others. The use of the pepper projectile system is subject to the following requirements:

- (a) Department-approved projectile chemical agents may only be used by deputies who have received department-authorized training in their use.
- (b) Deputies encountering a situation that requires the use of the pepper projectiles system shall notify a Sergeant or Corporal as soon as practicable. The Sergeant or Corporal shall respond to all such deployments. The Sergeant or Corporal shall ensure that all notifications and reports are completed as required by this policy.

Each deployment of a pepper projectile system shall be documented and, if reasonably practicable, recorded on video. This includes situations where the launcher was directed toward the inmate, regardless of whether the launcher was used. Only non-incident deployments are exempt from the reporting requirement (e.g., training demonstrations).

510.4.5 IMPACT WEAPONS

The need to immediately incapacitate the inmate must be weighed against the risk of causing serious injury or death. The head, neck, and spine should not be intentionally targeted with an impact weapon, except when the deputy reasonably believes the inmate may cause serious bodily injury or death to the deputy or others.

510.4.6 KINETIC ENERGY PROJECTILES

Kinetic energy projectiles, when used properly, are less likely to result in death or serious physical injury and can be used by a trained and qualified deputy in an attempt to de-escalate a potentially deadly situation.

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510.5 IMMINENT AND CALCULATED USE OF FORCE

An imminent use of force occurs when force is used to respond without delay to a situation or circumstance that constitutes an imminent threat to security or safety. For example, the imminent or unplanned use of force by a deputy may be necessary to stop an inmate from inflicting life-threatening injuries to him/herself or to stop an assault on any other person, including other inmates. The destruction of government property may require the imminent use of force by a deputy in some circumstances. A verbal warning should be given before an imminent use of force unless the circumstances preclude it.

If there is no need for immediate action, deputies should attempt to resolve the situation through voluntary compliance or, if it reasonably appears necessary, the calculated use of force. A calculated use of force is called for when an inmate's presence or conduct poses a threat to safety or security and the inmate is located in an area that can be controlled or isolated, or when time and circumstances permit advance planning, staffing, and organization.

The assistance of available non-custodial members may be considered when attempting to resolve a situation without confrontation.

A supervisor shall be present and /or advised in any situation involving the calculated use of force.

510.6 REPORTING THE USE OF FORCE

Every use of force is an incident that shall be reported on the appropriate report form.

The documentation will reflect the actions and responses of each deputy participating in the incident, as witnessed by the reporting deputy.

The report should include:

- (a) A clear, detailed description of the incident, including any application of weapons or restraints.
- (b) The identity of all involved in the incident (e.g., inmates, deputies, members, and others).
- (c) The deputy should articulate the factors perceived and why the deputy believed the use of force was reasonable under the circumstances.
- (d) Efforts made to temper the severity of a forceful response, and if there were none, the reasons why.
- (e) Description of any injuries to anyone involved in the incident, including the result of any medical checks that show the presence or absence of injury.

Deputies shall submit the appropriate documentation before going off-duty, unless directed otherwise by a supervisor.

Any member directly observing the incident shall make a verbal report to a supervisor as soon as practicable and include as much of the aforementioned information as is known by the member.

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The supervisor responsible for gathering the reports may allow a reasonable delay in preparation of a report in consideration of immediate psychological and/or physical condition of the involved member.

The supervisor shall promptly notify the Director of any incident involving a deputy employing deadly force, or any incident where a death or serious bodily injury may have been caused by a deputy.

510.6.1 NOTIFICATION TO CRIMINAL JUSTICE TRAINING COMMISSION

Notification shall be made to the Criminal Justice Training Commission within 15 days of any death or serious injury caused by the use of force by a deputy (RCW 43.101.135).

510.7 SUPERVISOR RESPONSIBILITIES

A supervisor should respond to a reported application of force, if reasonably available. When a supervisor is able to respond to an incident in which there has been a reported use of force, the supervisor is expected to:

- (a) Ensure a crime scene is established to preserve and protect evidence, if appropriate.
- (b) Ensure that the chain of command is notified and that all necessary health and safety and security measures are initiated.
- (c) Obtain the basic facts from the involved members. Absent an allegation of misconduct or excessive force, this will be considered a routine contact in the normal course of duties.
- (d) Ensure that the appropriate investigation authority is notified, if appropriate.
- (e) Ensure that any parties involved in a use of force situation are offered a medical assessment by medical staff, regardless of whether any injuries are reported or detectable, and afforded medical treatment as appropriate.
- (f) Identify any witnesses not already included in related reports.
- (g) Review and approve all related reports.
- (h) Determine if there is any indication that the individual may pursue litigation.
 - 1. If there is an indication of potential civil litigation, the supervisor should complete and route a notification of a potential claim through the appropriate channels.
- (i) Evaluate the circumstances surrounding the incident and initiate an administrative investigation if there is a question of policy noncompliance or if for any reason further investigation may be appropriate.

If a supervisor is unable to respond to the scene of an incident involving a reported application of force, the supervisor is still expected to complete as many of the above items as circumstances permit.

When an incident results in death, serious bodily harm, or great bodily harm, a supervisor shall immediately contact the Office of Independent Investigations pursuant to the procedures established by the Office of Independent Investigation (RCW 43.102.120).

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510.8 USE OF DEADLY FORCE

When reasonable, the deputy shall, prior to the use of deadly force, warn that deadly force may be used, unless the deputy has objectively reasonable grounds to believe the person is aware of those facts.

Use of deadly force is justified in the following circumstances involving imminent threat or imminent risk:

- (a) A deputy may use deadly force to protect themselves or others from what the deputy reasonably believes is an immediate threat of death or serious bodily injury.
- (b) A deputy may use deadly force to stop an escaping inmate, or to stop a fleeing individual, when the deputy has probable cause to believe that the individual has committed, or intends to commit, a felony involving the infliction or threatened infliction of serious bodily injury or death, and the deputy reasonably believes that there is an imminent or future potential risk of serious bodily injury or death to any other person if the individual is not immediately apprehended. Under such circumstances, a verbal warning should precede the use of deadly force, where feasible.

Imminent does not mean immediate or instantaneous. An imminent danger may exist even if the individual is not at that very moment pointing a weapon at someone. For example, an imminent danger may exist if a deputy reasonably believes the individual has a weapon or is attempting to access one and it is reasonable to believe the individual intends to use it against the deputy or another person. An imminent danger may also exist if the individual is capable of causing serious bodily injury or death without a weapon and the deputy believes the individual intends to do so.

510.8.1 USE OF DEADLY FORCE REPORTING

A deputy who intentionally or accidentally uses deadly force, whether on- or off-duty, shall ensure that the on-duty supervisor is notified of the incident without delay.

The on-duty supervisor shall ensure that the chain of command is notified and all necessary health and safety, medical, and security measures are initiated.

The supervisor shall promptly notify the Director of any incident involving a staff member employing deadly force, or any incident where a death or serious bodily injury may have been caused by a staff member.

510.9 USE OF FORCE REVIEW

The supervisor shall review all related reports of use of force incidents occurring on their command. The review is to determine whether the use of force was in compliance with policy, procedure and applicable law and to determine if follow-up action or investigation is necessary. The supervisor should also ensure that a review packet containing a copy of all pertinent reports and materials is prepared and forwarded to the Use of Force instructor for Review.

If the Use of force instructor believes that a more in-depth review is warranted, he/she will forward it to the Director or designee to establish a Use of Force committee.

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510.9.1 USE OF FORCE REVIEW COMMITTEE

The review committee shall meet and review all use of force cases within 30 days of the incident. It is the responsibility of the Sergeant to ensure these meetings occur.

The committee will comprise the following members:

- (a) The Director
- (b) One supervisor assigned on a rotational basis
- (c) The Training Section
- (d) A deputy with advanced use of force training
- (e) Other members as selected by the Director

The committee should render a single finding as to whether the use of force was within policy. Any recommendations for areas identified as needing training, changes in policy, or further investigation into incidents that may lead to employee discipline shall be addressed in a separate memorandum to the Professional Services Sergeant and/or the Chief Deputy, as appropriate.

510.10 TRAINING

The Director shall work with the Professional Services Sergeant to ensure legal and facility training mandates are met. This training shall include the following:

- (a) Use of force, including the duty to intercede
- (b) Weapons, control devices, and chemical agents
- (c) Self-defense
- (d) Confrontation avoidance procedures:
 - 1. Communication techniques
 - 2. De-escalation techniques
 - 3. Dealing with the mentally ill
 - 4. Application of restraints
- (e) Forced cell extraction techniques
- (f) Force team techniques
- (g) General restraint training
- (h) Reporting procedures

510.10.1 TRAINING FOR OTHER WEAPONS AND CONTROL DEVICES

The Professional Services Sergeant shall ensure that all deputies who are authorized to carry a control device have been properly trained and certified to carry the specific control device and are retrained or recertified, as necessary.

- (a) Proficiency training shall be monitored and documented by a certified, control-device weapons or tactics instructor.

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- (b) All training and proficiency for control devices will be documented in the deputy's training file.
- (c) Deputies who fail to demonstrate proficiency with the control device or knowledge of this policy will be restricted from carrying the control device until demonstrating proficiency. If a deputy cannot demonstrate proficiency with a control device or knowledge of this policy after remedial training, the deputy may be subject to discipline.

Use of Restraints

511.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight of, and restrictions on the use of restraints on persons incarcerated in this facility.

This policy shall apply to the use of specific types of restraints, restraint chairs, ambulatory restraints, and similar restraint systems, as well as all other restraints, including handcuffs, waist chains, and leg irons when such restraints are used to restrain any inmate for prolonged periods.

511.1.1 DEFINITIONS

Definitions related to this policy include:

Restraints - Includes steel handcuffs and leg restraints, polyurethane or nylon soft restraints, waist restraints and chair restraints.

511.2 POLICY

It is the policy of this department that restraints shall be used only to prevent self-injury, injury to others, or property damage. Restraints may also be applied according to inmate classification, such as maximum security, to control the behavior of an inmate while he/she is being moved outside the cell or housing unit.

Restraints shall never be used for retaliation or as punishment. Restraints shall not be utilized any longer than is reasonably necessary to control the inmate. Restraints are to be applied only when less restrictive methods of controlling the behavior of an inmate have failed or appear likely to fail. Each incident where restraints are used beyond compliant handcuffing shall be documented.

This policy does not apply to the temporary use of restraints, such as handcuffing or the use of leg irons to control an inmate during movement and transportation inside or outside the facility.

511.3 USE OF RESTRAINTS - CONTROL

Restraint devices, such as restraint chairs, shall only be used on an inmate when it reasonably appears necessary to overcome resistance, prevent escape, or bring an incident under control, thereby preventing injury to the inmate or others, or eliminating the possibility of property damage. Restraints shall not be applied for more time than is reasonably necessary to achieve the above goals.

Excluding short-term use to gain immediate control, placing an inmate in a restraint chair or other restraints for extended periods requires approval from the Supervisor or the authorized designee prior to taking action.

The use of restraints for purposes other than for the controlled movement or transportation of an inmate shall be documented on appropriate logs to include, at minimum, the type of restraint used, when it was applied, a detailed description of why the restraint was needed, and when it was removed.

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Use of Restraints

The following provisions shall be followed when utilizing restraints to control an inmate:

- (a) Restraints shall not be used as punishment, placed around a person's neck, or applied in a way that is likely to cause undue physical discomfort or restrict blood flow or breathing (e.g., hog-tying).
- (b) Restrained inmates shall not be placed in a position that inhibits breathing.
- (c) Restraints shall not be used to secure a person to a fixed object except as a temporary emergency measure. A person who is being transported shall not be locked in any manner to any part of the transporting vehicle, except for items installed for passenger safety, such as seat belts.
- (d) Inmates in restraints shall be housed either alone or in an area designated for restrained inmates.
- (e) Restraints shall be applied for no longer than is reasonably necessary.
- (f) Staff members shall conduct direct face-to-face observation at least twice every 30 minutes on an irregular schedule to check the inmate's physical well-being and behavior. Restraints shall be checked to verify correct application and to ensure they do not compromise circulation. All checks shall be documented, with the actual time recorded by the person doing the observation. Any actions taken or changes in behavior should also be noted in the log.
- (g) The specific reasons for the continued need for restraints shall be reviewed, documented, and approved by the Supervisor or the Designee at least every two hours.
- (h) A supervisor, when feasible, may contact a medical or mental health professional for an evaluation.

511.3.1 USE OF RESTRAINTS FOR COURT HEARINGS

Prior judicial approval should be obtained for any restraints that will be used and visible to a jury.

511.4 RANGE OF MOTION

Inmates placed in restraints for longer than two hours should receive a range-of-motion procedure that will allow for the movement of the extremities. Range-of-motion exercise will consist of alternate movement of the extremities.

511.5 FOOD, HYDRATION, AND SANITATION

Inmates who are confined in restraints shall be given food and fluids. Food shall be provided during normal meal periods. Hydration (water or juices) will be provided no less than once every two hours or when requested by the inmate.

Offering food and hydration to inmates will be documented to include the time, the name of the person offering the food or water/juices, and the inmate's response (receptive, rejected). Provisions shall be made to accommodate any toileting needs at least once every two hours. Inmates shall be given the opportunity to clean themselves should they soil themselves or their clothing while they are in restraints.

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Use of Restraints

511.6 AVAILABILITY OF CPR EQUIPMENT

CPR equipment, such as barrier masks, shall be provided by the facility and located in proximity to the location where inmates in restraints are held.

511.7 RESTRAINED INMATE HOLDING

Restrained inmates should be protected from abuse by other inmates. Under no circumstances will restrained inmates be housed with inmates who are not in restraints. In most instances, restrained inmates are housed alone or in an area designated for restrained inmates.

511.8 PREGNANT INMATES

Leg irons or waist chains shall not be used on any inmate known to be pregnant. Except in extraordinary circumstances no restraints of any kind may be used on any pregnant inmate during transportation to and from visits to medical providers or court proceedings at any time during the third trimester of pregnancy or postpartum recovery. "Extraordinary circumstances" exist where a member makes an individualized determination that restraints are necessary to prevent the inmate from escaping or injuring herself, medical or safety personnel or others. Should restraints be necessary, the restraints shall be the least restrictive available and most reasonable under the circumstances (RCW 70.48.500(3)).

511.8.1 INMATES IN LABOR

While an inmate is in labor or in childbirth, no restraints of any kind may be used (RCW 70.48.500(2)). This does not prohibit a treating physician licensed under Title 18 RCW from requesting the use of hospital restraints for the medical safety of an inmate.

Electronic Restraints - Corrections Officers

512.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight, and restrictions on the use of electronic restraints on persons incarcerated in this facility, during transportation of inmates, and during court appearances.

512.2 POLICY

The Chelan County Regional Justice Center allows the use of department-issued electronic restraints as provided in this policy.

512.3 DEPUTIES RESPONSIBILITIES

Deputies shall successfully complete department-approved training prior to using any electronic restraint device. Only department-issued electronic restraint devices shall be used.

Deputies should perform a function test on the device prior to placing it on an inmate.

A deputy should advise court personnel of the use of an electronic restraint device in a courtroom.

512.4 VERBAL WARNING

A verbal warning of the intended use of the electronic restraint device should precede its application, unless it would otherwise endanger the safety of deputies or when it is not practicable due to the circumstances. The warning is intended to provide the inmate with an opportunity to comply. The fact that a verbal or other warning was given or the reasons it was not given shall be documented by the deputy deploying the device.

512.5 APPLICATION

Prior to applying the electronic restraint device to an inmate, the deputy should describe its operation and caution the inmate about behaviors that may result in its activation.

Although the electronic restraint device is generally effective in controlling most inmates, deputies should be aware that it may not achieve the intended result, and that they should be prepared with other options.

The electronic restraint device shall not be used to psychologically torment, elicit statements from, retaliate against, or punish any inmate.

The electronic restraint device may be used in the following circumstances, when the circumstances perceived by the deputy at the time indicate that such application is reasonably necessary to:

- (a) Prevent self-injury, suicide, escape, injury to others, property damage, or an attempt to remove or destroy the device.
- (b) Control the behavior of a high-risk inmate who poses a serious threat to safety or security when being moved within the facility or transported outside the facility.

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Electronic Restraints - Corrections Officers

512.5.1 MULTIPLE APPLICATIONS

Deputies should activate the electronic restraint device for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of an electronic restraint device or for more time than is necessary to control the inmate are generally not recommended and should be avoided unless the deputy reasonably believes that the need to control the inmate outweighs the potentially increased risk posed by multiple applications.

If the first application of the electronic restraint device appears to be ineffective in gaining control of an inmate, the deputy should consider certain factors before additional applications, including whether the inmate has the ability to comply and has been given a reasonable opportunity to comply.

512.5.2 SPECIAL CONSIDERATIONS

Electronic restraint devices should not be used on:

- (a) Inmates who are known to be pregnant.
- (b) Elderly or infirm inmates.
- (c) Inmates with obviously low body mass.
- (d) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.
- (e) Inmates whose position or activity may result in collateral injury (e.g., falls from height, running).

Because the application of the electronic restraint device relies primarily on pain compliance, its use generally should be limited to a distraction technique to gain separation between the deputy and the inmate, or to disrupt an inmate's violent or unruly behavior, thereby giving deputies time and distance to consider other force options or actions.

512.6 DOCUMENTATION

Deputies shall document each incident where electronic restraints are placed on an inmate or are activated. Notification shall also be made to a supervisor in compliance with the Use of Force - Corrections Officers Policy. Unintentional activations will also be documented.

512.7 MEDICAL TREATMENT

All inmates who have been subjected to the electric discharge of an electronic restraint device should have the contact site medically assessed when feasible.

Additionally, any inmate who falls under any of the following categories should, as soon as practicable, be examined by a qualified health care professional:

- (a) The inmate may be pregnant.
- (b) The inmate reasonably appears to be in need of medical attention.

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Electronic Restraints - Corrections Officers

If any inmate refuses medical attention, such a refusal should be witnessed by another deputy and/or medical personnel and shall be fully documented.

Deputies shall inform any person providing medical care or receiving custody that the inmate has been subjected to the activation of an electronic restraint device.

512.8 SUPERVISOR RESPONSIBILITIES

Supervisor approval is necessary before an electronic restraint device is placed on an inmate. A supervisor should respond to all incidents where an electronic restraint device was activated.

A supervisor should review each incident where an inmate has been exposed to an activation of an electronic restraint device. Any onboard memory should be downloaded by a subject matter instructor and retained with the inmate's file.

Searches

513.1 PURPOSE AND SCOPE

The purpose of this policy is to provide clear direction on maintaining the safety and security of the facility by conducting searches, in balance with protecting the rights afforded by the United States Constitution.

The introduction of contraband, intoxicants or weapons into the Chelan County Regional Justice Center facility poses a serious risk to the safety and security of staff, inmates, volunteers, contractors and the public. Any item that is not available to all inmates may be used as currency by those who possess the item and will allow those in possession of the item to have control over other inmates. Any item that may be used to disengage a lock, other electronic security devices or the physical building itself seriously jeopardizes the safety and security of this facility. Carefully restricting the flow of contraband into the facility can only be achieved by thorough searches of inmates and their environment.

Nothing in this policy is intended to prohibit the otherwise lawful collection of trace evidence from an inmate/arrestee.

513.1.1 DEFINITIONS

Definitions related to this policy include:

Contraband - Anything unauthorized for inmates to possess or anything authorized to possess but in an unauthorized quantity or altered from the original design or purpose.

Modified strip search - A search that requires a person to remove or rearrange some of his/her clothing that does not include a visual inspection of the breasts, buttocks or genitalia of the person. This also includes searching the inmate's clothing, once it has been removed.

Pat-down search - The normal type of search used by deputies within this facility to check an individual for weapons or contraband. It involves a thorough patting down of clothing to locate any weapons or dangerous items that could pose a danger to the deputy, the inmate or other inmates.

Physical body cavity search - A search that includes a visual inspection and may include a physical intrusion into or touching of a body cavity. Body cavity means the stomach or rectal cavity of a person, and the vagina of a female person.

Strip search - A search that requires a person to remove or rearrange some or all of his/her clothing to permit a visual inspection of the underclothing, breasts, buttocks, anus or outer genitalia of the person. This includes monitoring of a person showering or changing clothes where the person's underclothing, buttocks, genitalia or female breasts are visible to the monitoring employee.

Body Scan - A search that requires a person to be scanned by a full body scanner device using x-ray that detects objects on or inside a person's body for security screening purposes, without physically removing clothes or making physical conduct.

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Searches

General population - Any housing unit that does not require inmates to be isolated from other inmates.

513.2 POLICY

It is the policy of this department to ensure the safety of staff, inmates and visitors by conducting effective and appropriate searches of inmates and areas within the facility in accordance with applicable laws.

Searches shall not be used for intimidation, harassment or retaliation.

513.3 BODY SCANNER SEARCHES

The following policy is provided to establish safe guidelines for the operation and application of the body scan device (CONPASS Full Body Scanner) in the detection of contraband concealed on a person when presented for booking or while incarcerated in the Chelan County Regional Justice Center.

The CONPASS Full Body Scanner screening system is a security tool that is utilized specifically for contraband detection. The system does not eliminate or replace the need to conduct a pat down, metal detector scan, modified strip search, strip search, or warrant authorized body cavity search, but shall be used to enhance department efforts in reducing items of dangerous contraband from being introduced into the facility.

Searches will be conducted in accordance with instructions provided by Adani Systems, Inc., the full body scanner manufacturer, and associated training on the device.

513.3.1 OPERATING PROCEDURE

A. Eligibility

1. All persons booked, or presented for booking into the Chelan County Regional Justice Center will be scanned prior to being housed in general population EXCEPT for the individuals that meet the following exemptions:

- a. Known Pregnant Females. Those inmates that claim to be pregnant will be given a pregnancy test by jail medical staff to determine if they are pregnant. If the results of the test are negative the inmate will be scanned. If staff cannot positively determine that the inmate is not pregnant by the above test or other means, then the inmate will not be scanned and other methods of search will be employed in accordance with our search policy. Females claiming pregnancy will be housed in a holding unit until medical personnel can administer a pregnancy test.
- b. Those who are markedly physically unstable or otherwise unable to safely stand on the equipment properly, or are too physically large to pass through the security scanning.
- c. Persons not being incarcerated at this facility, unless circumstances arise that would require scanning for safety and security reasons.

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d. Arrestees or inmates who are physically violent or exhibit mental instability where placing them in the scanner might unduly place staff or the inmate in danger of physical harm, or might result in damage to the scanning device.

2. Any inmate when scanning is performed on a routine basis for contraband checks, or where a deputy or other staff have suspicion to believe that an individual inmate is concealing contraband of any kind.

B. Scanning

1. Pregnant female staff will not be permitted to be in close proximity of the full body scanner. It is the responsibility of pregnant female staff to notify their supervisor, in writing, of being pregnant or suspicions of pregnancy, and the request for accommodation.

2. Once the inmate is properly placed on the platform, the deputy will initiate the scanning process.

C. Results

1. If the scan appears to show contraband concealed on the inmate's body, the operator will contact the shift supervisor to review the results of the scan. If it is determined that there is possible contraband concealed on or in the inmate's body, the inmate will be escorted to an intake cell and given the opportunity to remove the item if they can safely do so, then a determination will be made in regard to obtaining a search warrant to retrieve and secure the suspected contraband.

a. If the contraband is an illegal item, the item will be placed into evidence and a special report will be written. The scan image(s) will be saved and treated as evidence.

b. If the item is not illegal but is still considered contraband per Chelan County Regional Justice Center policy then the items will be disposed of appropriately or placed into evidence and a special report and infraction will be written.

c. The arresting agency presenting an arrestee for booking into the jail, should be required to remain in the facility until a scan has been performed. If it is determined that there is possible contraband or a foreign object concealed within the inmate's body, and the inmate refuses to removed the item voluntarily, the arrestee will be refused for medically related concerns. The arresting officer will be advised that the arrestee will need to be medically cleared by a local hospital prior to admittance. If the arrestee refuses the scan, the on duty supervisor may allow the arresting officer to leave without the inmate. The inmate will be placed in holding under close watch until he or she complies with search procedures. Medical staff will then be notified.

d. The on duty supervisor has the authority to pursue criminal charges. If the contraband will not be used as criminal evidence, the on duty supervisor will place contraband into an evidence locker for proper destruction.

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D. Refusals

If available, medical staff will assess the individual within the first hour of being placed in a holding cell. If available, medical staff will continue to monitor the individual at a minimum of every 4 hours, or until the on-duty supervisor determines the individual can be moved to other housing.

Deputies will attempt to re-scan the individual at least every 4 hours. These attempts will be logged into Spillman.

Any arrestee or inmate who refuses to be scanned shall be separated, and the on duty supervisor consulted as to whether reasonable suspicion and/or probable cause exists to conduct a strip search.

The inmate will be held in close watch and may be placed in an intake/holding area until all contraband is retrieved and secured, he or she submits to scan(s) as instructed and such scan(s) are negative, or as otherwise directed by Jail administration.

Arrestees/Inmates refusing to be scanned will be returned to the arresting officer for medical clearance or placed in a holding cell with the on duty supervisors approval. Inmates will be placed in a holding cell shall be given a lockup order by classification due to refusal.

All refusals shall be documented and forwarded to the appropriate department.

E. Training

1. No person shall operate the CONPASS Full Body Scanner without first receiving training and being authorized to operate the scanner.
2. Refresher training will be provided on the use of the body scanner as needed or requested.

513.4 PAT-DOWN SEARCHES

Pat-down searches will be performed on all inmates/arrestees upon entering the secure booking area of the facility. Additionally, pat-down searches shall occur frequently within the facility. At a minimum, the staff shall conduct pat-down searches in circumstances that include:

- (a) When inmates leave their housing units to participate in activities elsewhere in the facility (e.g., exercise yard, medical, program, visiting) and when they return.
- (b) During facility searches of entire housing units.
- (c) When inmates come into contact with other inmates housed outside of their housing units, such as work details and furloughs.
- (d) Any time the staff believes the inmates may have contraband on their persons.

Except in exigent circumstances, male staff may not pat down female inmates. Whenever practical, a pat-down search of a male inmate should be conducted by a male staff member. Absent the availability of a same sex staff member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches shall be documented (28 CFR 115.15).

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513.5 MODIFIED STRIP SEARCHES, STRIP SEARCHES AND PHYSICAL BODY CAVITY SEARCHES

Modified strip searches, strip searches and physical body cavity searches should be limited to those situations where such searches are necessary (RCW 10.79.060).

Arrestees brought to the Chelan County Regional Justice Center will be strip searched on an automatic basis based on the following criteria. These classes are as follows:

- a. Any person held for post conviction incarceration for a criminal offense and/or any person committed to incarceration by order of a court.
- b. Any person arrested on a warrant or other court order which specifically provides that a person shall not be released on personal recognizance, bail, or bond.
- c. Any person arrested and brought to the jail as a suspect in any of the criminal offenses described as follows, and particularly those offenses described as defined in RCW 9.94A.030(18), chapter 69.50 RCW, and their successor statutes:
 1. Any felony defined under the laws as a class A felony or an attempt to commit a class A felony;
 2. Criminal solicitation of or criminal conspiracy to commit a class A felony;
 3. Aggravated Murder First Degree;
 4. Assault of a Child First and Second degree;
 5. Child Molestation First degree;
 6. Drive-By Shooting;
 7. Explosive Device Prohibited;
 8. Homicide by Abuse;
 9. Murder- First and Second degree;
 10. Manslaughter- First and Second degree;
 11. Assault- First and Second degree;
 12. Kidnapping- First and Second degree;
 13. Rape- First and Second degree;
 14. Rape of a Child- First and Second degree;
 15. Arson- First and Second degree;
 16. Burglary- First and Second degree;
 17. Extortion- First degree;
 18. Robbery- First and Second degree;
 19. Indecent Liberties, if committed by forcible compulsion;

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20. Introducing Contraband- First, Second, and Third degree;
21. Vehicular Homicide (if alcohol, drugs, or reckless involved);
22. Vehicular Assault (if alcohol, drugs, or reckless involved);
23. Any felony arrest regarding an offense involving possession of a drug or controlled substance under Chapter 60.50 RCW, or any successor statute, except possession of forty grams or less of marijuana under RCW 69.50.401(e) and excluding drug paraphernalia offense under RCW 69.50.412;
24. Any federal or out of state conviction for an offense comparable to a felony classified as a violent offense under RCW 9.94A.030(18) or its successor statute;
25. Any offense involving escape, burglary, or the use of a deadly weapon.

Deputies will generally consider the reason for the search, the scope, intrusion, manner and location of the search, and will utilize the least invasive search method to meet the need for the search.

513.5.1 SEARCHES PRIOR TO PLACEMENT IN GENERAL POPULATION

Modified strip searches or strip searches shall be conducted as follows:

- (a) No person held prior to placement in general population shall be subjected to a strip search without a warrant unless there is reasonable suspicion based upon specific and articulable facts to believe the person has a health condition requiring immediate medical attention or is concealing a weapon or contraband. Factors to be considered in determining reasonable suspicion include, but are not limited to:
 1. The detection of an object during a pat-down search that may be a weapon or contraband and cannot be safely retrieved without a modified strip search or strip search.
 2. Circumstances of a current arrest that specifically indicate the person may be concealing a weapon or contraband. A felony arrest charge or being under the influence of a controlled substance should not suffice as reasonable suspicion absent other facts.
 3. Custody history (past possession of contraband while in custody, assaults on staff, escape attempts, etc.).
 4. The person's actions or demeanor.
 5. Criminal history (level of experience in a custody setting, etc.).
- (b) No modified strip search or strip search of an inmate shall be conducted prior to admittance to general population without prior written authorization from the ranking shift supervisor determining that reasonable suspicion exists.

513.5.2 SEARCHES OF PRETRIAL INMATES

Pat-down searches, clothing searches and electronic metal-detector searches, as appropriate, will be conducted on all pretrial inmates upon admission into the general population and whenever

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the pretrial inmate has entered an environment where contraband or weapons may be accessed. A pretrial inmate is a person who is being held pretrial without an order that he/she be held without bail. This includes, but is not limited to, the following:

- Upon return from contact visits
- Upon leaving the kitchen, shop, farm, etc.
- Upon return to general population from outside the confines of the facility (court, work-release, work detail, medical visits)

A clothing search should require an inmate to remove some or all of his/her clothing behind a modesty screen and does not include a visual inspection of the underclothing, breasts, buttocks or genitalia of the person. This should include a thorough search of the inmate's removed clothing. This may include requiring the person to squat or bend down behind the screen and reveal his/her hands and feet.

No pretrial inmate shall be subjected to a modified strip search or strip search without one or more of the following (RCW 10.79.130):

- (a) There is reasonable suspicion based upon specific and articulable facts to believe the person has a health condition requiring immediate medical attention.
- (b) There is reasonable suspicion based upon specific and articulable facts to believe the person is concealing on his/her body a weapon, contraband or an item that constitutes a threat to the facility.
 - 1. Reasonable suspicion is presumed to exist when the person to be searched has been arrested for any of the following offenses (RCW 10.79.130):
 - (a) A violent offense as defined in RCW 9.94A.030
 - (b) Any offense involving escape, burglary, or the use of a deadly weapon
 - (c) Possession of prescription drugs, controlled substances, or imitation controlled substances
- (c) There is probable cause to believe the person is concealing on his/her body evidence not constituting a threat to the facility.
- (d) There is a search warrant authorizing the strip search.

No modified strip search or strip search shall be performed before reasonable efforts have been made to use less intrusive methods, such as pat-down, electronic metal detector or clothing searches.

No modified strip search or strip search shall be performed without prior written authorization from the ranking shift supervisor determining that reasonable suspicion or probable cause exists.

Pretrial inmates returning from court with release orders should not be returned to general population, except for retrieving personal property under the direct visual supervision of staff.

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513.5.3 SEARCHES OF CONVICTED AND NO BAIL ORDERED INMATES

Strip searches will be conducted on all convicted and no bail ordered inmates upon admission into the general population.

A strip search of a convicted or no bail general population inmate should be conducted when the inmate has entered an environment where contraband or weapons may be accessed. This includes, but is not limited to, the following:

- (a) Upon return from contact visits
- (b) Upon leaving the kitchen
- (c) Upon return to general population from outside the confines of the facility (work-release, work detail, medical visits, furloughs)
- (d) Court commits, weekenders

Inmates returning from court with release orders shall not be subject to modified strip searches or strip searches unless reasonable suspicion exists based on specific and articulable facts that the person is concealing a weapon or contraband.

Staff members may conduct modified strip searches and strip searches of inmates outside the above listed circumstances only with written supervisor approval. Staff members and supervisors must make a determination to conduct a strip search by balancing the scope of the particular search, intrusion, the manner in which it is conducted, the justification for initiating it and the place in which it is conducted. Less invasive searches should be used if they would meet the need for the search.

513.5.4 MODIFIED STRIP SEARCH AND STRIP SEARCH PROCEDURES

All modified strip searches and strip searches shall be conducted in a professional manner under sanitary conditions and in an area of privacy. Except at the request of the inmate, no person, other than those who are participating in the search, shall be present or able to observe the search (RCW 10.79.150).

Unless conducted by a physician or other licensed medical personnel or in case of an emergency, a modified strip search or strip search shall be conducted by a staff member of the same sex as the person being searched (RCW 10.79.100). Any cross-gender modified strip searches and cross-gender strip searches shall be documented (28 CFR 115.15).

When additional staff members are necessary for security purposes or to witness the discovery of evidence, the additional staff members shall be of the same sex as the person being searched.

The staff member conducting a strip search shall not touch the breasts, buttocks or genitalia of the person being searched.

- (a) The searching staff member will instruct the inmate to:
 - 1. Remove his/her clothing.
 - 2. Raise his/her arms above the head and turn 360 degrees.

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3. Bend forward and run his/her hands through his/her hair.
 4. Turn his/her head first to the left and then to the right so the searching deputy can inspect the inmate's ear orifices.
 5. Open his/her mouth and run a finger over the upper and lower gum areas, then raise the tongue so the deputy can inspect the interior of the inmate's mouth. Remove dentures if applicable.
 6. Turn around and raise one foot first, then the other so the deputy can check the bottom of each foot.
 7. For a visual cavity search, turn around, bend forward and spread the buttocks if necessary to view the anus.
- (b) At the completion of the search, the inmate should be instructed to dress in either his/her street clothes or jail-supplied clothing, as appropriate.
- (c) The staff member conducting a modified strip search or strip search of a pretrial inmate, an inmate not being admitted into general population or a convicted inmate, other than upon entry into general population and when the inmate has entered an environment where contraband or weapons may be accessed, shall also (RCW 10.79.150):
1. Document the facts that led to the decision to perform a strip search of the inmate, including the offense for which the person was arrested if that fact was considered in determining reasonable suspicion to conduct the search.
 2. Document the reasons less intrusive methods of searching were not used or were insufficient.
 3. Document the supervisor's approval.
 4. Document the time, date and location of the search.
 5. Document the names of staff present, their personnel numbers, sex and their roles.
 6. Identify any contraband, weapon, evidence, item or health condition discovered by the search.
 7. Process all contraband and weapons in accordance with the department's current evidence procedures.
 8. If appropriate, complete a special report.
 9. Document the search in the appropriate log.
 10. Ensure the completed documentation is placed in the inmate's file.

513.5.5 PHYSICAL BODY CAVITY SEARCH

Physical body cavity searches shall be completed as follows (RCW 10.79.080):

- (a) No person shall be subjected to a physical body cavity search without a copy of any search warrant and the results of the physical body cavity search shall be included

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with the related reports and made available, upon request, to the inmate or authorized representative (except for those portions of the warrant ordered sealed by a court).

- (b) Before any physical body cavity search is authorized or conducted, a body scan, a thorough pat-down search, a thorough electronic metal-detector search and a thorough clothing search, as appropriate, must be used. No physical body cavity search shall be authorized or conducted unless these other methods do not satisfy the safety, security or evidentiary concerns of the facility.
- (c) Only a physician may conduct a physical body cavity search. Except in exigent circumstances, only a physician who is not responsible for providing ongoing care to the inmate may conduct the search.
- (d) Except for the physician conducting the search, persons present must be of the same sex as the person being searched. Only the necessary staff needed to maintain the safety and security of the medical personnel shall be present.
- (e) Privacy requirements, including restricted touching of body parts and sanitary condition requirements, are the same as required for a strip search.
- (f) All physical body cavity searches shall be documented including:
 - 1. The facts that led to the decision to perform a physical body cavity search of the inmate.
 - 2. The reasons less intrusive methods of searching were not used or were insufficient.
 - 3. A copy of the search warrant and supporting documents.
 - 4. The time, date and location of the search.
 - 5. The names and sex of medical personnel present.
 - 6. The names, sex and roles of any staff present.
 - 7. A statement of the results of the search and a list of any items removed from the inmate as a result of the search.
- (g) Completed documentation should be placed in the inmate's file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.
- (h) All contraband and weapons should be processed in accordance with the department's current evidence procedures.
- (i) Any contraband or weapons found in the facility should be documented in the evidence log.
- (j) If appropriate, the staff member shall complete a special report.

513.6 TRANSGENDER SEARCHES

Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status (see Prison Rape Elimination Act Policy for transgender and intersex definitions). If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records or, if necessary, by obtaining that information as part of

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a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.15).

513.7 CONTRABAND SEARCHES

The staff shall always be alert to the possible presence of contraband and shall take immediate action to seize the contraband when practicable. There are several types of searches that contribute to contraband control and to maintaining a safe and secure environment.

513.8 HOUSING UNIT SEARCHES

Housing unit searches shall occur as directed by a supervisor. These searches should include all of the living spaces occupied by inmates. Housing unit searches should be scheduled in a manner that does not create a pattern where the inmates can predict such searches. During a housing unit search:

- (a) All inmates shall vacate their living areas and be searched by staff.
- (b) Inmates should be escorted to a separate holding area, such as the recreation yard.
- (c) Staff shall search the living areas of the inmates, including bedding, personal storage areas, bunks and other areas with inmate access.
- (d) Any weapons or contraband located shall be processed in accordance with the current evidence procedures.
- (e) The staff shall attempt to identify the inmate who possessed the contraband and file appropriate inmate discipline and/or special reports.
- (f) Any alcoholic beverage possessed by inmates shall be seized and the appropriate inmate infractions filed.
- (g) Any authorized item found in excess of the limited quantity (e.g., food items, newspapers) shall be seized and discarded.

513.9 FACILITY SEARCHES

The following areas of this facility shall be periodically searched for contraband:

- (a) Exercise yards shall be searched for contraband prior to and after each inmate group occupies the yard.
- (b) Holding cells shall be searched prior to and after each inmate occupies the cell.
- (c) Program areas, such as classrooms and multipurpose rooms shall be searched after each use by an inmate or inmate group.
- (d) Laundry areas shall be searched before and after each inmate group occupies the area.
- (e) Kitchen areas shall be frequently searched for contraband and to account for tools, knives and food items.
- (f) Inmate visiting and public areas shall be frequently inspected for contraband.

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513.9.1 CANINE-ASSISTED SEARCHES

It is the policy of this facility to use canines to assist the staff in searching for contraband. Such searches shall occur only with the approval of a supervisor. Only canines trained in the detection of contraband, such as drugs, alcohol and weapons, will be allowed within the secure perimeter of the facility. Canines trained solely in crowd control or to assist in physically subduing individuals will not be used in the facility.

Canines will generally be used to assist the staff in general facility or living area searches. Contact between inmates and canines should be kept to a minimum. Also refer to the Canines Policy.

513.10 CRIMINAL EVIDENCE SEARCHES

The Director or the authorized designee shall be notified, as soon as practicable, any time it is suspected that a crime has been committed in the facility or other area controlled by the facility staff, and there is a need to search for evidence related to the crime. Upon suspected discovery of evidence, law enforcement should be contacted in accordance with agency criminal investigation procedures. Evidence will be processed in accordance with investigative procedures and practices and referred for prosecution.

Any evidence collected in connection with an alleged crime shall be reported, documented and stored to protect it from contamination, loss or tampering, and to establish the appropriate chain of custody. A search for evidence may be conducted by staff whenever there is a need for such action.

513.11 TRAINING

The Professional Services Sergeant shall provide training for staff in how to conduct pat-downs, modified strip searches and strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with facility security needs. This training shall include cross-gender pat downs and searches, as well as searches of transgender and intersex inmates (28 CFR 115.15).

Canines

514.1 PURPOSE AND SCOPE

The canine program aids staff and local agencies in locating contraband and maintaining the security of this facility. This policy outlines requirements of the program, its staff and the expectations of the Department.

514.2 POLICY

The Chelan County Regional Justice Center is committed to ensuring its facilities and surrounding community are free from contraband and drugs and to maintaining facility security. This is done by employing trained canine teams to assist in the detection of drugs and other contraband, in accordance with all applicable laws, regulations and department policies and procedures. WAC 139.05.915

514.3 GUIDELINES FOR THE USE OF CANINES

Canines may be used to assist staff in conducting searches for contraband. At no time may a canine be used to demean, punish or psychologically torment an inmate.

Canines may be used for:

- Incidental assistance of inmate/civilian searches.
- Searching inmate housing units, including cell, mail and property, as described in the Searches Policy.
- Canines may not be used to search an individual during a strip search or body cavity search.
- When possible and practical, cell searches will be done with a second employee present.
- Facility and campus searches, as described in the Searches Policy.
- Searching unoccupied intake/booking areas.
- Searching unoccupied transportation vehicles before and after inmate use.
- Searching unoccupied civilian vehicles.
- Assisting other agencies with warrant service, consent searches and evidence recovery. Which may include buildings, vehicles and open areas.
- Any other search-related use authorized by a supervisor and canine handler.

A canine team shall only be used to perform tasks for which it has been trained or certified. The canine handler will direct the search and maintain control of the canine at all times.

- Appropriate care will be taken to ensure the canines' safety and the safety of the individuals and property being searched.
- The canine handler will observe the canine for any alert while conducting a search.

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514.3.1 SEARCHING, CONTRABAND PROCESSING AND DOCUMENTATION

Cell/Building Searches:

- Immediately before a planned search, shift supervisor may be requested to assist in coordinating inmate movement and supervision. Inmates in the area should not be able to observe the canine during the search.
- The security of the search is of the utmost importance. All information concerning the search will be confidential and communicated on a need to know basis, so inmates are not alerted.
- Before the search begins, the following should occur:
 - All windows should be shut,
 - Ventilation fans, heaters, ect will be turned off if possible and practical,
 - Lockers will be open and unlocked if possible and property bin be pulled out
 - The canine handler will notify the shift supervisor of any alert and/or contraband found during the search.

Vehicle Searches:

- A canine team may be used to search a county vehicle before, during and after used to transport inmate/s.
- During a canine assisted vehicle search, occupants will be instructed to follow the direction of the canine handler.
- The canine handler will notify the shift supervisor/officer in charge of any alert and/or contraband found during the search.

Personal Searches:

- Only trained and certified handlers and canines will be authorized to perform personal searches.
- An alert by a canine certified in the detection of narcotics and contraband is enough for reasonable suspicion for further search.
- The canine handler shall submit a special report if the canine displays aggressive tendencies or makes aggressive, physical contact with any individual.

Contraband Processing and Documentation:

- Confiscated contraband/unauthorized property will be documented and processed by the handler when possible and practical, or by the assisting employee.
 - The chain of evidence must be maintained on all contraband.
 - Local Law Enforcement will be notified of any suspected misdemeanor/felony violations by the shift supervisor.
- Upon completion of the search, the canine handler will relay all relevant information to the shift supervisor/officer in charge and will complete all reports pertaining to the search.

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- If any item(s) is confiscated during a canine search, the handler will complete a inventory on seized items and secure any and all items in the Evidence storage locker until items are requested by Law Enforcement or the Support Services Sergeant.

514.3.2 REPORTING CANINE USE, BITES AND INJURIES

Whenever the canine is deployed, a special canine use report shall be completed by the handler and turned in to the on-duty supervisor before going off-duty.

Whenever conducting routine searches all appropriate logs will be completed before the end of shift. Whenever the use of the canine results in a bite or any injury, a special canine use report shall be completed and included with any related incident report. The injured party should receive required medical attention as soon as possible.

Photographs should be taken of the bite or injury as soon as practicable after tending to the immediate needs of the injured party. Photographs shall be retained with the special canine use report until the potential need for use in any related civil proceeding has expired.

If a subject alleges an injury that is not visible, a supervisor shall be notified and the location of the alleged injury should be photographed as described above.

514.4 SELECTING AND TRAINING CANINES

A selection committee consisting of the canine handler, the Director, a supervisor and an outside subject matter expert (in canine programs) shall select any canine to be used in the canine program.

The committee shall consider the prospective canine's ability to detect contraband and its ability to work effectively in a custody environment.

514.4.1 TRAINING

Before assignment in this facility, each canine team shall be trained and certified to meet the adopted standards established by the Washington State Criminal Justice Training Commission (CJTC) (WAC 139-05-915).

The Professional Services Sergeant or the authorized designee shall be responsible for scheduling periodic training as recommended by the certification standards adopted by the recognized canine association for all custody personnel. This shall be done to familiarize custody personnel with how to conduct themselves in the presence of department canines.

514.4.2 CONTINUED TRAINING

Each canine team shall be recertified to current CJTC standards every two years. A canine team's certification will automatically expire if the handler and canine originally paired at the time of certification are no longer working together or if the function for which the team was certified changes (WAC 139-05-915). Additional training considerations are as follows:

- (a) Canine teams shall receive training as defined by CJTC standards and WAC 139.005.915.

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- (b) Canine handlers are encouraged to engage in additional training with the approval of the canine program supervisor.
- (c) To ensure that all training is consistent, no handler, trainer, or outside vendor is authorized to train to a standard that is contrary to the policies of the Chelan County Regional Justice Center.
- (d) All canine training shall be conducted while on-duty unless otherwise approved by the canine program supervisor.

514.4.3 FAILURE TO SUCCESSFULLY COMPLETE TRAINING

Any canine team failing certification shall not be deployed in this facility until certification is achieved. Any canine team failing recertification shall be immediately removed from service.

When practicable, pending successful certification, the canine handler shall be temporarily reassigned to other duties.

514.4.4 TRAINING RECORDS

A training record for each canine that includes training, performance and identification records and complies with CJTC requirements shall be created and maintained in the canine handler's training file.

These records must be retained as required by the CJTC, unless a longer retention is required by the Chelan County Regional Justice Center's established records retention schedules.

The record shall be reviewed and initialed monthly by the supervisor in charge of the canine program. A copy of all training shall be forwarded to the Professional Services Sergeant.

514.5 SELECTION AND TRAINING FOR CANINE HANDLERS

The position of canine handler is a special assignment that requires a specific set of skills, experience, training and temperament, in addition to those of a line staff member. A canine handler shall:

- (a) Have completed the basic corrections academy.
- (b) Have achieved performance evaluations of satisfactory or better.
- (c) Have demonstrated ability to communicate well with inmates.
- (d) Have demonstrated ability to perform ancillary tasks with minimum supervision.
- (e) Reside in an adequately fenced, single-family residence (e.g., minimum 5-foot-high fence with locking gates).
- (f) Have a garage that can be secured and will accommodate a canine unit.
- (g) Live within 30 minutes travel time from the facility.
- (h) Agree to be assigned to the position for a minimum of five years.

The canine handler shall be chosen from applicants via an oral board. If possible, the oral board shall comprise one person who is a member of an outside organization that has a canine program and two members who shall be chosen by the Director.

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The canine handler shall receive all necessary training with their canine before being utilized in this facility. All training records for canine handlers will be maintained by the Professional Services Sergeant.

514.6 MEDICAL CARE OF THE CANINE

All medical attention shall be rendered by the designated canine veterinarian, except during an emergency as provided in this policy.

514.6.1 NON-EMERGENCY MEDICAL CARE

Non-emergency medical care will be coordinated through the canine handler.

Any indication that a canine is not in good physical condition shall be reported to the canine program supervisor as soon as practicable.

All records of medical treatment shall be maintained in the canine handler's personnel file.

514.6.2 EMERGENCY MEDICAL CARE

The handler shall notify the canine program supervisor as soon as reasonably practicable when emergency medical care for the canine is required. Depending on the severity of the injury or illness, the canine shall either be treated by the designated veterinarian or transported to a designated emergency medical facility for treatment. If the handler and dog are out of the area, the handler may use the nearest available veterinarian.

514.6.3 REPORTING CANINE INJURIES

In the event that a canine is injured, the injury will be immediately reported to the canine program supervisor. The injury will be documented on the appropriate report form.

514.7 REQUESTS FOR ASSISTANCE FROM OTHER AGENCIES

The Chief of Operations and/or the canine program supervisor and handler must approve all requests for canine assistance from outside agencies, subject to the following provisions:

- (a) Canine teams shall not be used to perform any assignment that is not consistent with this policy.
- (b) The handler has the ultimate authority to decide whether the canine will be used for any specific assignment.
- (c) Canine teams should not be called into service when off-duty unless authorized by the canine program supervisor.
- (d) Canine teams should not be called into service outside the jurisdiction of the Department, unless authorized by the Chief of Operations..
- (e) It shall be the responsibility of the canine handler to coordinate with outside agency personnel in order to minimize the risk of unintended injury.

514.8 REQUESTS FOR PUBLIC DEMONSTRATIONS

All public requests for a canine team appearance shall be approved by the canine program supervisor or the authorized designee prior to making any commitment.

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Handlers shall not demonstrate any canine activities to the public unless authorized to do so by the canine program supervisor or the authorized designee.

514.9 CANINE HANDLER RESPONSIBILITIES

514.9.1 AVAILABILITY

The handler shall be available for call-out under conditions specified by the Chief of Operations and the canine program supervisor and the canine policy.

514.9.2 CARE FOR THE CANINE AND EQUIPMENT

The canine handler shall be responsible for the health and welfare of the canine and shall ensure that the canine receives proper nutrition, grooming, training, medical care, attention and living conditions. In addition, the handler will be responsible for:

- (a) Ensuring the canine is not exposed to any foreseeable and unreasonable risk of harm, unless required by a particular application.
- (b) Maintaining all department equipment under his/her control in a clean and serviceable condition.
- (c) Permitting the canine program supervisor to conduct spontaneous on-site inspections of any area of the residence that is used for the canine.
- (d) Reporting any changes in the living status of the handler that may affect the lodging or environment of the canine to the handler's supervisor as soon as possible.
- (e) Keeping the canine in a kennel provided by the Department when off-duty and at the home of the handler. When a canine is kenneled at the handler's home, the gate shall be secured with a lock. When off-duty, the canine may be let out of the kennel while under the direct control of the handler.
- (f) Permitting the canine to socialize in the home with the handler's family under the direct supervision of the handler.
- (g) Ensuring that under no circumstances will the canine be lodged at another location unless approved by the canine program supervisor or designated housing area.
- (h) Involving his/her canine in any activity or conduct when off-duty only with approval in advance by the canine program supervisor.
- (i) Notifying the canine program supervisor whenever the canine handler anticipates taking a vacation or an extended number of days off and it may be necessary to temporarily relocate the canine. In those situations, the handler shall give reasonable notice to his/her supervisor so that appropriate arrangements can be made.
- (j) Maintaining a daily record that contains the training, care of the dog and significant events, such as public appearances, and when the canine is utilized for searches.

514.9.3 CANINES IN PUBLIC AREAS

All canines shall be kept on a leash when in areas that allow access to the public. Exceptions would include specific operations for which the canines are trained.

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If a canine unit is left unattended, all windows and doors shall be secured in such a manner as to prevent unauthorized access to the dog. The handler shall also ensure that an unattended unit remains habitable for the canine.

514.9.4 HANDLER COMPENSATION

The canine handler shall be compensated for time spent in the care, feeding, grooming and other needs of the canine in accordance with the Fair Labor Standards Act, and according to the terms of the employee labor agreement (29 USC § 207).

514.10 CONTROLLED SUBSTANCE TRAINING AIDS

Controlled substance training aids are required to effectively train and maintain drug-detecting dogs. Further, controlled substances can be an effective training aid during training sessions for facility personnel and the public. Deputies acting in the performance of their official duties may possess or transfer controlled substances for the purpose of narcotics-detection canine training in compliance with state and federal laws and in compliance with applicable state requirements (21 USC § 823(g); RCW 69.50.302; RCW 69.50.508; WAC 246-945-060).

Only approved training aids provided by the canine program supervisor may be used to train the dog. The canine handler shall maintain accurate records of controlled substances provided for training purposes and shall promptly report any loss or destruction of controlled substance training aids to the canine program supervisor.

When not in use as training aids, the controlled substances shall be secured in storage that is only accessible by the canine handler and the program supervisor.

514.11 CANINE PROGRAM SUPERVISOR RESPONSIBILITIES

The canine program supervisor shall be selected according to policy. The canine program supervisor's responsibilities include but are not limited to:

- (a) Reviewing all canine use reports to ensure compliance with policy and to identify training issues and other needs of the program.
- (b) Maintaining a liaison with the vendor kennel.
- (c) Maintaining a liaison with administrative staff and functional supervisors.
- (d) Maintaining a liaison with other agency canine coordinators.
- (e) Maintaining accurate records documenting canine activities.
- (f) Maintaining secure storage of all controlled substance training aids.
- (g) Maintaining an effective audit trail of all controlled substance training aids.
- (h) Recommending and overseeing the procurement of equipment and services for the unit.
- (i) Scheduling all canine-related activities.
- (j) Reviewing the canine teams are scheduled for continuous training to maximize the capabilities of the teams.

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514.12 MICROCHIPS

Canines intended for use by a corrections facility should be positively identified by a medically inserted microchip. Once the microchip has been inserted in the canine, it should not be removed except for medical necessity. If it becomes necessary to remove the microchip, the reason for removal must be documented in the canine's training records and a new microchip inserted, if medically appropriate.

Reporting In-Custody Deaths

515.1 PURPOSE AND SCOPE

This policy provides direction on how in-custody deaths shall be reported.

515.1.1 DEFINITIONS

Definitions related to this policy include:

In-custody death - The death of any person, for whatever reason (natural, suicide, homicide, accident), who is in the process of being booked or is incarcerated.

515.2 POLICY

It is the policy of this department to follow state and local guidelines for reporting in-custody deaths.

515.3 MANDATORY REPORTING

All in-custody deaths shall be reported as required.

If the decedent is a boarder for another agency, the Director shall notify that agency so that agency will assume responsibility for the notification of the decedent's family.

Pursuant to Article 37 of the Vienna Convention on Consular Relations 1963, in the case of the death of a foreign national, telephonic notification to the appropriate consulate post should be made without unreasonable delay and confirmatory written notification shall be made within 72 hours of the death to the appropriate consulate post. The notification shall include the inmate's name, identification number, date and time of death and the attending physician's name.

In the event that a juvenile dies while in-custody, the Director or the authorized designee shall notify the court of jurisdiction and ensure notification to the juvenile's parent or guardian.

515.4 PROCEDURE

Upon determining that a death of any person has occurred while in the custody of this department, the on duty supervisor is responsible for ensuring that the Director and all appropriate investigative authorities, including the Coroner, are notified without delay and all written reports are completed.

The on duty supervisor shall also promptly notify the Director and make any other notifications required by policy or direction. The Director shall observe all pertinent laws and allow appropriate investigating agencies full access to all facts surrounding the death (RCW 68.50.010).

The Department shall establish policies and procedures for the investigation of any in-custody death.

The decedent's personal belongings shall be disposed of in a responsible and legal manner (RCW 36.24.130). All property and records shall be retained according to established records retention schedules (WAC 44-14-03005).

The individual designated by the decedent shall be notified of all pertinent information as required by law.

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Reporting In-Custody Deaths

During an investigation, all inquiries regarding the death shall be referred to a Chief Deputy and the Chelan County Public Information Officer. Deputies shall not make a public comment.

515.5 IN-CUSTODY DEATH REVIEW

The Director is responsible for establishing a team of qualified staff to conduct an administrative review of every in-custody death. At a minimum, the review team should include the following:

- (a) Director
- (b) County Prosecutor
- (c) Chief of Operations
- (d) Chief of Administration
- (e) Responsible Physician, qualified health care professionals, supervisors or other staff who are relevant to the incident

The in-custody death review should be conducted no later than 72 hours after the incident.

Staff and Inmate Contact

516.1 PURPOSE AND SCOPE

Interaction with inmates allows for continual assessment of the safety and security of the facility and the health and welfare of the inmates. However, inappropriate interaction can undermine security and order in the facility and the integrity of the supervision process.

This policy provides guidelines for appropriate and professional interaction between employees and inmates, and is intended to promote high ethical standards of honesty, integrity and impartiality as well as increase facility safety, discipline and morale.

Violation of this policy may result in disciplinary action up to and including termination. Employees who seek information or clarification about the interpretation of this policy are encouraged to promptly contact their supervisor.

516.2 POLICY

The Director shall ensure that inmates have adequate ways to communicate with staff and that the staff communicates and interacts with inmates in a timely and professional manner.

516.3 GENERAL CONTACT GUIDELINES

Employees are encouraged to interact with the inmates under their supervision and are expected to take prompt and appropriate action to address health and safety issues that are discovered or brought to their attention.

All employees should present a professional and command presence in their contact with inmates. Employees shall address inmates in a civil manner. The use of profanity, and derogatory or discriminatory comments is strictly prohibited.

Written communication (e.g., inmate communication, grievances, rules infraction forms) shall be answered in a timely manner. Such communication shall be filed with the inmate's records.

Employees shall not dispense legal advice or opinions, or recommend attorneys to inmates.

While profanity and harsh language are prohibited, the Department recognizes the necessity for staff to give inmates direction in a firm, determined, and authoritative manner in order to maintain proper supervision and control. Authoritative directions to inmates are particularly instructed when activities or events pose a threat to the safety or security of this facility.

516.4 ANTI-FRATERNIZATION

Personal or other interaction not pursuant to official duties between facility staff and current inmates, inmates who have been discharged within the previous year, their family members or known associates have the potential to create conflicts of interest and security risks in the work environment.

Employees shall not knowingly maintain a personal or unofficial business relationship with any persons described in this section unless written permission is received from the Director.

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Prohibited interactions include but are not limited to:

- (a) Communications of a sexual or romantic nature.
- (b) Salacious exchanges.
- (c) Sexual abuse, sexual assault, sexual contact, or sexual harassment.
- (d) Exchanging letters, phone calls, or other similar communications, such as texting.
- (e) Exchanging money or other items.
- (f) Extending privileges, giving or accepting gifts, gratuities, or favors.
- (g) Bartering.
- (h) Any financial transactions.
- (i) Being present at the home of an inmate for reasons other than an official visit without reporting the visit.
- (j) Providing an inmate with the staff member's personal contact information, including social media accounts.

516.4.1 EXCEPTIONS

The Director may grant an exception to an otherwise prohibited relationship on a case-by-case basis based upon the totality of the circumstance. In determining whether to grant an exception, the Director should give consideration to factors including, but not limited to:

- Whether a relationship existed prior to the incarceration of the inmate.
- Whether the relationship would undermine security and order in the facility and the integrity of the supervision process.
- Whether the relationship would be detrimental to the image and efficient operation of the facility.
- Whether the relationship would interfere with the proper discharge of, or impair impartiality and independence of, judgment in the performance of duty.

516.5 REPORTING

Employees shall promptly report all attempts by inmates to initiate sexual acts or any salacious conversations, and forward any correspondence from an inmate or former inmate to the Director or the authorized designee.

Employees shall report all attempts by inmates to intimidate or instill feelings of fear to their supervisor.

Employees shall promptly notify their immediate supervisors if:

- A family member or close associate has been incarcerated or committed to the custody of the facility.
- The employee is involved in a personal or family relationship with a current inmate or with an inmate who has been discharged within the previous year.

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516.6 CONSTITUTIONAL MATTERS

Employees shall follow all United States and Washington Constitutional requirements pertaining to custodial situations; including, but not limited to, search and seizure, access to counsel and interview and interrogation.

Padded Cell

518.1 PURPOSE AND SCOPE

This policy establishes the requirement for placing inmates into and the continued placement of inmates in a padded cell..

518.1.1 DEFINITIONS

Definitions related to this policy include:

Padded cell - An enhanced protective housing designed to minimize the risk of injury or destruction of property used for inmates who display behavior that reveals intent to cause physical harm to themselves or others or to destroy property or who are in need of a separate cell for any reason, until suitable housing is available.

518.2 POLICY

This facility will employ the use of a padded cell to protect inmates from injury or to prevent the destruction of property by an inmate in accordance with applicable law.

A padded cell shall not be used as punishment or as a substitute for treatment. The Director or the authorized designee shall review this policy annually with the Health Care Manager.

518.3 PADDED CELL PROCEDURES

The following guidelines apply when placing any inmate in a padded cell:

- (a) Placement of an inmate into a padded cell requires approval of the on duty supervisor. Notify medical if placement is due to a medical need.
- (b) A safety check consisting of direct visual observation that is sufficient to assess the inmate's well-being and behavior shall occur every 60 minutes, unless on suicide watch which requires a visual check every 15 minutes. Each safety check of the inmate shall be documented on the log sheet.
- (c) Inmates in padded cells shall be given the opportunity to have fluids (water, juices) at least hourly. Deputies shall provide the fluids in paper cups or silicon cups. The inmates shall be given sufficient time to drink the fluids prior to the cup being removed. Each time an inmate is provided the opportunity to drink fluids will be documented on the padded cell log.
- (d) Inmates will be provided meals during each meal period. Meals will be served on paper plates or in other safe containers and the inmates will be monitored while eating the meals. Inmates shall be given ample time to complete their meals prior to the plate or container being removed. All meals provided to inmates in padded cells will be documented.
- (e) If necessary, a medical assessment of the inmate in the padded cell shall occur within 12 hours of placement or at the next daily sick call, whichever is earliest. Continued assessment of the inmate in the padded cell shall be conducted by a qualified health care professional and shall occur at least every 24 hours thereafter. Medical assessments shall be documented.

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Padded Cell

- (f) If necessary, a mental health assessment shall be conducted within 24 hours of an inmate's placement in the padded cell. The mental health professional's recommendations shall be documented.

Biological Samples

519.1 PURPOSE AND SCOPE

This policy provides guidelines for the collection of biological samples from those inmates required to provide samples upon conviction and or arrest for certain offenses. This policy does not apply to biological samples collected at a crime scene or taken from a person in conjunction with a criminal investigation or taken during court proceedings. Nor does it apply to biological samples collected from those required to register, for example, as sex offenders.

519.2 POLICY

The Chelan County Regional Justice Center will assist in the expeditious collection of required biological samples from arrestees and offenders in accordance with the laws of this state and with as little reliance on force as practicable.

519.3 PERSONS SUBJECT TO BIOLOGICAL SAMPLE COLLECTION

The following persons must submit a biological sample (RCW 43.43.754):

- (a) Every person convicted on or after June 12, 2008, of any of the following crimes (or equivalent juvenile offenses):
 - 1. Any felony offense
 - 2. Assault in the fourth degree with sexual motivation (RCW 9A.36.041; RCW 9.94A.835)
 - 3. Communication with a minor for immoral purposes (RCW 9.68A.090)
 - 4. Custodial sexual misconduct in the second degree (RCW 9A.44.170)
 - 5. Failure to register (RCW 9A.44.040 et seq.)
 - 6. Harassment (RCW 9A.46.020)
 - 7. Patronizing a prostitute (RCW 9A.88.110)
 - 8. Sexual misconduct with a minor in the second degree (RCW 9A.44.096)
 - 9. Stalking (RCW 9A.46.110)
 - 10. Violation of a sexual assault protection order granted under RCW 7.105.050 et seq. (Civil Protection Orders)
 - 11. Indecent exposure (RCW 9A.88.010)
- (b) Every person convicted prior to June 12, 2008, of any of the offenses listed above but still incarcerated on or after June 12, 2008
- (c) Every person convicted of a felony, harassment, stalking, or communicating with a minor for immoral purpose on or after July 1, 2002, or convicted before that date if the person was still incarcerated on or after that date
- (d) Every person convicted of a sexual or violent offense after July 1, 1990

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- (e) Every person convicted of a sexual or violent offense prior to July 1, 1990, and still incarcerated on or after July 25, 1999

519.4 PROCEDURE

When an inmate is required to provide a biological sample, a trained employee or medical staff shall attempt to obtain the sample in accordance with this policy.

519.4.1 COLLECTION

The following steps should be taken to collect a sample:

- (a) Verify that the inmate is required to provide a sample pursuant to RCW 43.43.754.
- (b) Verify that a biological sample has not been previously collected from the offender by querying the person's Washington state criminal history records. There is no need to obtain a biological sample if one has been previously obtained.
- (c) Use the designated collection kit provided by the WSP to perform the collection and take steps to avoid cross contamination.
- (d) Forward the sample to the appropriate crime laboratory as soon as practicable.

519.5 CALCULATED USE OF FORCE TO OBTAIN SAMPLES

If an inmate refuses to cooperate with the sample collection process, deputies should attempt to identify the reason for refusal and seek voluntary compliance without resorting to using force. Force will not be used in the collection of samples except as authorized by court order and only with the approval of the on duty supervisor. Methods to consider when seeking voluntary compliance include contacting:

- (a) The inmate's parole or probation officer when applicable.
- (b) The prosecuting attorney to seek additional charges against the inmate for failure to comply or otherwise bring the refusal before a judge.
- (c) The inmate's attorney.
- (d) A chaplain.
- (e) A supervisor who may be able to authorize disciplinary actions to compel compliance, if any such actions are available.

The on duty supervisor shall review and approve any calculated use of force. The supervisor shall be present to supervise and document the calculated use of force. Use of force will only be used if authorized by court order.

Release of Individuals

520.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain procedures governing the end of term release of inmates to ensure that inmates are not released in error.

520.2 POLICY

It will be the policy of the Chelan County Regional Justice Center to provide for the timely, efficient and legal release of inmates.

520.3 RELEASE PROCEDURE

Inmates who have reached the end of their sentenced term or who are ordered released by the court will be scheduled for release. Inmates scheduled for release shall be escorted by the staff to the release area to begin the release procedure.

The on duty supervisor or releasing officer shall sign the release paperwork when the inmate is being released.

Inmates shall not be released or moved at any time that would pose a potential safety threat or disrupt the orderly operation of the facility.

All inmates must be positively identified by the staff prior to being released from the facility. Inmate identities should be verified using intake records bearing the inmate's name, photograph or a single digit fingerprint match system, if available.

Before any inmate may be released, the following conditions must be met:

- (a) The identity of the inmate has been verified.
- (b) All required paperwork for release is present. The staff shall review the active inmate file to verify the validity of the documents authorizing the release. The file should also be reviewed for other release-related or pending matters, including:
 - 1. Verifying calculations and release-date adjustments for good time.
 - 2. Any pending arrangements for follow-up, such as medications needed, appointments or referral to community or social resources.
 - 3. The offender must be advised of his/her duty to register with the Sheriff of his/her county of residence, school or place of employment or vocation (RCW 9A.44.130).
- (c) Releasing staff must insure complete National Crime Information Center (NCIC) and local warrant checks to ensure that there are no outstanding warrants or detention orders. If any agency has outstanding charges against the inmate, the staff shall notify the agency that the inmate is available for release.
- (d) If an inmate has known mental health concerns, the inmate shall be evaluated by a qualified health care professional and medically authorized for release. To the extent practicable, individuals who have been determined to be severely mentally ill should be

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released during business hours to facilitate their ability to receive services immediately after release (RCW 70.48.475).

1. If the inmate is subject to a discharge review under RCW 71.05.232, the designated crisis responder shall be notified by the Director or the authorized designee 72 hours in advance of the release but in no case later than the actual release of the inmate (RCW 70.48.475).
- (e) All personal property shall be returned to the inmate during the release process. The inmate must acknowledge receiving his/her property by signed receipt. Any discrepancies shall be promptly reported to the on duty supervisor.
- (f) All facility property must be returned by the inmate. Any missing or damaged facility property should be documented and promptly reported to the on duty supervisor. The inmate shall remain in custody until the on duty supervisor reviews the damage and authorizes the release.
- (g) If needed, inmates may be allowed to make a reasonable number of phone calls to arrange for transportation.

The on duty supervisor shall ensure all release documents are complete and properly signed by the inmate and the staff where required.

520.3.1 MISSING PERSON REPORT

When completing release procedures, if information from NCIC, Washington Crime Information Center, or similar authority reveals that the inmate is the subject of a missing person report, the Chelan County Regional Justice Center shall notify the agency with original jurisdiction for the missing person report that the inmate is being released from custody (RCW 68.50.320).

Individual Holding Cells

522.1 PURPOSE AND SCOPE

This policy establishes the requirements for placing inmates into and the continued placement of inmates in an individual holding cell. Individual holding cells would be considered H1, H2, H3, H4, H5, H8 and H9.

522.1.1 DEFINITIONS

Individual Holding Cells - A individual holding cell designed to minimize the risk of injury by falling or dangerous behavior. It is used as a place to house inmates who are a threat to their own safety or the safety of others as a result of being intoxicated from any substance, and who require a protected environment to prevent injury or victimization by other inmates. These cells can also be used for those individuals who have been determined by staff to need a higher level of care. These individual holding cells are under camera at all times.

522.2 POLICY

This facility will employ the use of individual holding cells to protect inmates from injury or to prevent the destruction of property by an inmate in accordance with applicable law.

An individual holding cell shall not be used as punishment or as a substitute for treatment.

522.3 HOLDING CELL PROCEDURES

The following guidelines apply when placing any inmate into a holding cell when that placement is with the intention of being longer in duration than waiting to get processed at booking following arrest or waiting briefly for a new housing assignment.

- Any staff member may place an inmate into a holding cell if it is deemed necessary.
- An inmate may be placed into a holding cell for many reasons. Some include, but are not limited to;
 - Under the influence of drugs or alcohol
 - Suicidal
 - Mental Health Issues
 - Medical Reasons
 - Fighting with staff or other inmates
 - Prisoner Separations
 - Self Requested
- A log entry into Spillman must be entered as to why an inmate is being housed in a holding cell.
- If an inmate is being housed in a holding cell because they are suicidal, please see Lexipol Policy 724 for appropriate response and action.

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- If the inmate is being moved due to a medical issue, notify the medical staff as soon as possible. Make sure the on duty supervisor is briefed about any medical issues as a medical response may be necessary.
- If the inmate is being placed in a holding cell because they seem to be having some mental health issues, notify the on duty supervisor and a mental health professional if deemed necessary.
- The employee placing the inmate into the holding cell must brief the on duty supervisor, if he does not know, as to why the inmate is being moved to a holding cell.
- If not suicidal, a jail check on all inmates in a holding cell must be conducted at least every 60 minutes with a direct visual observation.
- Cameras in holding cells may be utilized to observe an inmate, but this will not replace the required direct visual observation at least every 60 minutes.
- Any unusual behavior or conversations should be logged into Spillman.
- Inmates will be removed from the holding cell when they no longer pose a threat to their own safety and the safety of others and have been cleared by the appropriate authority, which could include Classification, medical, and mental health.
- Inmates in holding cells will be offered one hour out of their cell daily to use the phone, go to recreation, and/or take a shower.
- Females and males will be housed in separate holding cells.

Chapter 6 - Inmate Due Process

Inmate Discipline

600.1 PURPOSE AND SCOPE

This policy addresses the fair and equitable application of inmate rules and disciplinary sanctions for those who fail to comply.

600.2 POLICY

It is the policy of this department to maintain written general categories of prohibited inmate behavior that are clear, consistent and uniformly applied. Written rules and guidelines will be made available to all inmates. They will include a process for resolving minor infractions and a hearing process for a more serious breach of inmate rules. Criminal acts may be referred to the appropriate criminal agency.

600.3 DUE PROCESS

Inmates who are subject to discipline as a result of rule violations shall be afforded the procedural due process established in the policies, procedures and practices relating to inmate discipline. Staff will not engage in arbitrary actions against inmates. All disciplinary actions will follow clearly established procedures. All disciplinary sanctions will be fairly and consistently applied.

The process for an inmate accused of a rule violation include:

- Published rules of conduct related to maintaining facility safety, security and order and clearly defined penalties for a violation of rules.
- A fair hearing in which the Director or the authorized designee presents factual evidence supporting the rule violation and the disciplinary action.
- Advance notice to the inmate of the disciplinary hearing, to allow the inmate time to prepare a defense.
- An impartial hearing officer.
- The limited right to call witnesses and/or present evidence on his/her behalf.
- The appointment of an assistant or representative in cases where the inmate may be incapable of self-representation.
- A formal written decision that shows the evidence used by the hearing officer, the reasons for any sanctions and an explanation of the appeal process.
- Reasonable sanctions for violating rules that relate to the severity of the violation.
- The opportunity to appeal the finding.

600.3.1 INMATE RULES GENERALLY

The Director is responsible for ensuring that inmate rules and sanctions are developed, distributed, reviewed annually and revised as needed.

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Inmate rules should be an integral part of the inmate orientation and may be provided verbally by staff, as a part of a video presentation to inmates and in a printed or digital inmate handbook. Inmate rules shall be given to each inmate during initial housing in the form of an inmate handbook, or shall be available in housing units. Penalties for violation of these rules will also be included in this material.

Inmates cannot be held accountable for rules of which they are unaware. However, it is impossible to define every possible prohibited act or rule violation that might be encountered in a detention facility. Therefore, a current list of recognized infractions that are generally prohibited will be available in each housing unit. Any revised inmate rules shall not go into effect until all inmate rule handbooks have been replaced or the revised rules have been made available in each housing unit. All inmates, regardless of their housing unit, shall have access to these rules. Inmate rules shall be translated into the languages that are understood by the inmates.

Disciplinary procedures governing inmate rule violations shall address rules, minor and major violations, criminal offenses, disciplinary reports, prehearing detention and prehearing actions or investigations.

600.3.2 DISCIPLINARY RULE VIOLATION FORMS

A record of all disciplinary infractions and punishment administered will be made. This requirement may be satisfied by retaining copies of rule violation reports, including the disposition of each violation. Special reports are required for major rule violations or any other violation that will require investigation or a formal resolution. The staff member who observed or detected the rule violation or who was charged with investigating a rule violation is responsible for completing the Disciplinary rule violation form.

The Disciplinary rule violation form shall include, at minimum:

- The date, time and location of the incident.
- Specific rules violated.
- A written description of the incident.
- The identity of known participants in the incident.
- Identity of any witnesses to the incident.
- Description and disposition of any physical evidence.
- Action taken by staff, including any use of force.
- Name and signature of the reporting deputy
- Date and time of the report.

The Classification supervisor investigating the violation shall ensure that documentation in the investigation or Disciplinary rule violation form includes:

- Date and time the explanation and the written copy of the complaint and appeal process was provided to the inmate.

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- The inmate's response to the charges.
- Reasons for any sanctions.
- The identity of any staff or witnesses involved, as revealed by the inmate.
- The findings of the hearing officer.
- The inmate's appeal, if any.
- The appeal findings, if applicable.

600.4 RULE VIOLATION PROCEDURES

Minor acts of non-conformance to the rules may be handled informally by any deputy.

A violation of rules observed by general service employees, volunteers or contractors will be reported to a deputy for further action. Deputies are authorized to recommend informal sanctions on minor violations.

Any staff member imposing informal discipline shall complete the reporting portion of the disciplinary rule violation form and provide the form to the supervisor for review prior to the imposition of the sanction.

The following are disciplinary sanctions that may be imposed for minor rule violations:

- Counseling the inmate regarding expected conduct
- Assignment to extra work detail
- Removal from work detail
- Loss of television, telephone and/or commissary privileges for a period not to exceed 72 hours
- Lockdown in the inmate's assigned cell or confinement in the inmate's bunk area for a period(s) as defined in the inmate handbook

An inmate may request that a supervisor review the imposed sanction. However, this request must be made within one hour of receiving notice of the sanction. The supervisor should respond to the request within a reasonable time (generally within two hours) and shall have final authority as to the imposition of informal discipline.

600.4.1 MULTIPLE MINOR RULE VIOLATIONS

Staff may initiate a major rule violation report if an inmate is charged with three or more minor rule violations in a consecutive 30-day period. A staff member shall conduct a hearing according to the procedures of a major rule violation.

600.4.2 MAJOR RULE VIOLATIONS

Major rule violations are considered a threat to the safety, security or efficiency of the facility, its staff members, inmates or visitors. Staff members witnessing or becoming aware of a major rule violation shall take immediate steps to stabilize and manage the situation, including immediate

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notification of a supervisor. The supervisor shall assess the situation and initiate any emergency action, if necessary.

The staff member who learned of the rule violation shall write and submit a disciplinary rule violation form and Special report, along with all relevant evidence, to the appropriate supervisor prior to the end of the shift, if possible.

Reports shall be concise, explain the facts of the violation and should describe any evidence supporting that the accused inmate did or did not commit the violation. The report shall contain the elements identified in the Disciplinary Rule Violation Forms section of this policy.

600.4.3 ADMINISTRATIVE SEGREGATION HOUSING

Inmates who are accused of a major rule violation may be moved to administrative segregation housing for prehearing detention, with the On-duty supervisor's approval, if there is a threat to safety or security. Inmates placed in prehearing detention are subject to the property and privilege restrictions commensurate with segregated confinement.

The Director or the authorized designee shall, within 72 hours including weekends and holidays, review the status of any inmate in prehearing detention to determine whether continued prehearing segregation housing is appropriate.

600.5 INVESTIGATIONS

Investigations involving major rule violations should be initiated within 24 hours of the initial report and completed in sufficient time for the inmate to have a disciplinary hearing, which is required within 72 hours of the time the inmate was informed, in writing, of the charges. If additional time is needed, the Classification deputy will request more time in writing from the Classification supervisor and/or designee. The inmate will be notified in writing of the delay.

If upon completion of the investigation, the Classification deputy finds insufficient evidence to support a major rule violation, he/she may discuss alternative sanctions with the On-duty supervisor, including handling the incident as a minor violation or recommending that charges be removed. Such alternatives shall be documented in the inmate's file.

If the Classification deputy determines that sufficient evidence exists to support a major rule violation, he/she will act as the hearing coordinator and will be responsible for:

- Reviewing all reports for accuracy and completeness.
- Overseeing or conducting any required additional investigation.
- Making a determination as to the final charges.
- Making preliminary decisions about the appointment of a staff member to act as an assistant to the inmate.
- Identifying any witnesses that may be called to the hearing.

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600.6 NOTIFICATIONS

An inmate charged with a major rule violation shall be given a written description of the incident and the rules violated at least 24 hours before a disciplinary hearing.

Unless waived in writing by the inmate, hearings may not be held in less than 24 hours from the time of notification.

600.7 HEARING OFFICER

The Classification supervisor shall appoint at least one hearing officer to preside and conduct disciplinary hearings of rule violations. The hearing officer should be a qualified supervisor or suitably trained designee, who will have the responsibility and authority to rule on charges of inmate rule violations. The hearing officer shall also have the power to impose sanctions. The hearing officer shall not investigate nor preside over any inmate disciplinary hearing on cases where he/she was a witness or was directly involved in the incident that generated the complaint.

600.8 HEARING PROCEDURE

Inmates charged with rule violations are entitled to be present at a hearing unless waived in writing or excluded because their behavior poses a threat to facility safety, security and order. Staff shall inform the hearing officer when any inmate is excluded or removed from a scheduled hearing and shall document the reasons for the exclusion or removal. A copy of the report shall be forwarded to the Classification supervisor.

Hearings may be postponed or continued for a reasonable period of time for good cause. Reasons for postponement or continuance shall be documented and forwarded to the Classification supervisor.

The hearing officer shall disclose to the accused inmate all witnesses who will be participating in the hearing. Inmates have no right to cross-examine witnesses. However, the accused inmate may be permitted to suggest questions that the hearing officer, in his/her discretion, may ask.

600.8.1 EVIDENCE

Accused inmates have the right to make a statement, present evidence and call witnesses at the hearing. Requests for witnesses shall be submitted in writing by the inmate no later than 12 hours before the scheduled start of the hearing. The written request must include a brief summary of what the witness is expected to say.

The hearing officer may deny the request when it is determined that allowing the witness to testify would be unduly hazardous to institutional safety or correctional goals, when the witness's information would not be relevant or would be unnecessarily duplicative, or is otherwise unnecessary. The reason for denying a witness to testify shall be documented in the hearing report. The reason for denial of any documents requested by the inmate shall also be documented in the hearing record.

A witness's signed written statement may be submitted by the inmate as an alternative to a live appearance. The hearing officer shall review and determine whether the statement is relevant to

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the charges and shall document the reason for exclusion when any written statement is not given consideration.

Absent a safety or security concern, all staff reports and evidence, including exculpatory evidence, obtained during the disciplinary investigation shall be made available to the accused inmate prior to the hearing.

600.8.2 CONFIDENTIAL INFORMANTS

If information from any confidential informant is to be presented at the hearing, information establishing the reliability and credibility of the informant shall be provided to the hearing officer prior to the hearing. The hearing officer shall review such information to determine whether the informant is reliable and credible.

600.8.3 STAFF ASSISTANCE

A staff member shall be assigned to assist an inmate who is incapable of representing him/herself at a disciplinary hearing due to literacy, developmental disabilities, language barriers or mental status.

The scope of the duties of the assistant shall be commensurate with the reasons for the appointment. The assistant should be allowed sufficient time to confer with the inmate to fulfill his/her obligations. In these cases the inmate does not have a right to appoint a person to assist in his/her disciplinary hearing. The final decision regarding the appointment rests with the hearing officer.

Inmate discipline is an administrative and not a judicial process. Inmates do not have a right to an attorney in any disciplinary hearing. Additionally, disciplinary matters may be referred for criminal prosecution and jail disciplinary action concurrently as there is no double jeopardy defense for an administrative process.

600.8.4 DISCIPLINARY DECISIONS

Disciplinary decisions shall be based on the preponderance of evidence presented during the disciplinary hearing.

The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed (28 CFR 115.78(c)).

600.8.5 REPORT OF FINDINGS

A record of all disciplinary hearings shall be maintained in accordance with established records retention schedules.

The hearing officer shall write a report regarding the decision and detailing the evidence and the reasons for the disciplinary action. A copy of the report shall be provided to the inmate. The original shall be filed with the record of the proceedings. All documentation related to the disciplinary process shall be retained and a copy should be placed in the inmate's file.

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If it is determined that the inmate's charge is not sustained at the end of the disciplinary hearing, the disciplinary report shall be removed from the inmate's file but otherwise maintained in accordance with records retention requirements.

All disciplinary hearing reports and dispositions shall be reviewed by the Classification supervisor or the authorized designee soon after the a final disposition.

600.9 DISCIPLINARY APPEALS

Inmates wishing to appeal the decision of the hearing officer must do so in writing within three days of the decision. All appeals will be forwarded to the Chief of Operations or the authorized designee for review.

Only appeals based on the following will be considered:

- (a) The disciplinary process or procedures were not followed.
- (b) There was insufficient evidence to support the hearing officer's decision.
- (c) The discipline imposed was not proportionate to the violation committed.

A final disposition shall be rendered as soon as possible if the inmate's appeal is granted or discipline is reduced but no later than four days after the appeal. The decision of the review authority shall be final and the result of the appeal shall be provided to the inmate in writing.

600.10 LIMITATIONS ON DISCIPLINARY ACTIONS

The U.S. and State Constitutions expressly prohibit all cruel or unusual punishment. Additionally, there shall be the following limitations:

- In no case shall any inmate or group of inmates be delegated the authority to punish any other inmate or group of inmates.
- In no case shall any restraint device be used for disciplinary purposes.
- Food shall not be withheld as a disciplinary measure.
- Correspondence privileges shall not be withheld except in cases where the inmate has violated correspondence regulations, in which case correspondence other than legal mail may be suspended for no longer than 72 hours without the review and approval of the Chief of Operations.
- In no case shall access to the courts and/or legal counsel be suspended as a disciplinary measure.
- No inmate may be deprived of the implements necessary to maintain an acceptable level of personal hygiene.
- Disciplinary segregation in excess of 30 days without review by the Chief of Operations is prohibited. The review shall include a consultation with health care staff. Such reviews shall continue at least every 15 days thereafter until the disciplinary status has ended.

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- Discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced (28 CFR 115.78(g)).
- No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact (28 CFR 115.78(e)).
- No inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred (28 CFR 115.78(f)).

600.11 GUIDELINES FOR DISCIPLINARY SANCTIONS

The sanctions imposed for rule violations can range from counseling, loss of privileges, extra work, loss of good and/or work time and restitution for damaging jail property, to implementation of the Disciplinary Segregation Policy.

Discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories (28 CFR 115.78(b)).

Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse (28 CFR 115.78(a)).

The Chief of Operations or the Classifications supervisor shall be responsible for developing and implementing a range of disciplinary sanctions for violations.

600.12 TRAINING

The Director or the authorized designee is responsible for ensuring that a wide range of training and disciplinary tools are available to aid staff and that preprinted forms are available for documenting rule violations in a consistent and thorough manner.

The Professional Services Sergeant is responsible for developing and delivering, or procuring, training for staff members who participate in the disciplinary hearing process. Training topics should include the legal significance of due process protections and the hearing officer's role in assuring that those protections are provided.

Disciplinary Segregation

601.1 PURPOSE AND SCOPE

This policy specifically addresses disciplinary segregation and guiding principles relating to the conditions attached to that segregation. It will provide guidance to the staff on acceptable practices with regard to management of inmates in disciplinary segregation or classified as requiring special management needs.

601.1.1 DEFINITIONS

Definitions related to this policy include:

Disciplinary segregation - A status assigned to an inmate after a disciplinary hearing in which the inmate was found to be in violation of a jail rule or state or federal law. This status results in separating the inmate from the rest of the inmate population to serve the consequence imposed.

601.2 POLICY

The Chelan County Regional Justice Center will maintain a disciplinary segregation unit to house inmates who, after an supervisor review or an impartial due process hearing, are being sanctioned for violating one or more jail rules. Restrictions on privileges will be subject to the disciplinary process and in accordance with this policy.

601.3 DISCIPLINARY SEGREGATION

Inmates may be placed into disciplinary segregation only after an supervisor review or an impartial hearing to determine the facts of the rule violation, in accordance with the department Inmate Discipline Policy. The hearing officer shall impose discipline in accordance with the discipline schedule established by the Director. Maximum segregation for any one incident, regardless of the number of rules violated, shall not exceed 60 days.

Inmates who are in disciplinary segregation for more than 30 days shall have their case reviewed by the Chief of Operations. The Chief of Operation's review will include a consultation with health care staff. The case will be reviewed every 15 days thereafter, including consultations with health care staff. This review shall be documented.

601.4 INMATE ACCESS TO SERVICES

The ability to discipline inmates for conduct violations is not absolute. Absent legitimate government reason, inmates continue to have a right to receive certain services. However, inmates in disciplinary segregation, in accordance with the Inmate Discipline Policy, or special management inmates, who are disciplined for one or more rule violations, may be subject to loss of privileges or credit for good time and work.

Services to provide for basic human needs must continue to be made available. There are minimum service requirements that must be maintained to ensure the facility continues to operate in a constitutional manner. All custody staff will adhere to the following policy sections to guide

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them in the supervision of inmates held in disciplinary isolation or classified as requiring special management needs.

601.4.1 MEDICATION, CLOTHING AND PERSONAL ITEMS

Inmates placed in disciplinary segregation are considered special management inmates and shall not be denied prescribed medication.

Special management inmates will be provided with clothing that identifies their status, but in no case will this clothing be used to intentionally disgrace the inmate.

Absent unusual circumstances, special management inmates will continue to have the same access to personal items in their cell as general population inmates have, including the following:

- Clean laundry
- Clothing exchanges
- Bedding and linen exchanges

Inmates in disciplinary segregation shall not be deprived of bedding or clothing except in cases where the inmate destroys such articles or uses them to attempt suicide. The decision to continue to deprive the inmate of these articles must be made by the Director or the authorized designee and reviewed every 24 hours.

601.4.2 SHOWERING AND PERSONAL HYGIENE

Inmates in disciplinary segregation should be allowed to shower with the same frequency as the general inmate population, if reasonably practicable, but at minimum shall be afforded the opportunity to shower at least every other day.

Exceptions to this policy can only be made when the restriction is determined to be reasonably necessary for legitimate government purposes. Any exceptions to this basic requirement must be reviewed and approved by the On-duty supervisor. The circumstances necessitating a restriction must be clearly documented on the inmate's log.

601.4.3 DENIAL OF AUTHORIZED ITEMS OR ACTIVITIES

Personal items may be withheld when it reasonably appears that the items will be destroyed by the inmate or it is reasonably believed that the personal item will be used for a self-inflicted injury or to harm others.

Whenever an inmate in disciplinary segregation is denied personal care items or activities that are usually authorized to the general population inmates, except for restrictions imposed as a result of a disciplinary hearing, the deputy taking such action shall prepare a report describing the circumstances that necessitated the need to restrict personal items or activities. The report shall be submitted to a supervisor for review, who will then forward it to the Chief of Operations. A copy of the report shall be placed in the inmate's file.

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601.4.4 MAIL AND CORRESPONDENCE

Inmates in disciplinary segregation shall have the same privileges to write and receive correspondence as inmates in general population, except in cases where inmates violated correspondence regulations. In such cases, mail privilege may be suspended. The Director or the authorized designee shall approve all mail privilege suspensions that exceed 72 hours. Legal mail shall not be suspended from access or delivery to the inmate.

601.4.5 VISITATION

Inmates in disciplinary segregation shall have the same opportunities for visitation as general population inmates, except when the visitation privileges are suspended pursuant to a sanction imposed by the disciplinary hearing officer. Disciplinary sanctions that limit or curtail visitation must be clearly documented and approved by a supervisor if not a condition of the original approved discipline.

601.4.6 READING AND LEGAL MATERIALS

Inmates in disciplinary segregation shall have the same access to reading materials and legal materials as the general population inmates, unless the restriction is directed by a court of law or there is a reasonable basis to believe the materials will be used for illegal purposes or pose a direct threat to the security and safety of the facility. In such cases the basis for the action shall be documented in the inmate's log. Access to courts and legal counsel shall not be suspended as a disciplinary measure.

601.4.7 EXERCISE

Inmates in disciplinary segregation shall be given a minimum of three hours of exercise per week outside of their cell. Exceptions to this may occur if there are legitimate security or safety considerations. The circumstances relating to the limitation of exercise shall be documented in an incident report. The report shall be reviewed and the restriction shall be approved by a supervisor.

601.4.8 LIMITED TELEPHONE PRIVILEGES

Inmates in disciplinary segregation may have their telephone privilege restricted or denied. Exceptions include the following:

- (a) Making calls to attorneys
- (b) Responding to verified family emergencies when approved by a supervisor

All telephone access based on the above exceptions shall be documented in the inmate's log.

601.4.9 BEDDING AND CLOTHING

Inmates in disciplinary segregation shall not be deprived of bedding or clothing except in cases where the inmate destroys such articles or uses them to harm him/herself or others or for something other than the intended purpose. Clothing and bedding shall be returned to the inmate as soon as it is reasonable to believe the behavior that caused the action will not continue. The decision to continue to deprive the inmate of these articles must be made by the Director or the

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authorized designee and reviewed when practicable. This review shall be documented and placed into the inmate's log.

601.5 INITIAL EVALUATION OF INMATES UPON PLACEMENT

After notification from staff that an inmate is being placed in segregation, the On-duty supervisor shall ensure that the following occurs:

- (a) A qualified health care professional shall review the inmate's health record to determine whether existing medical, dental or mental health needs contraindicate the placement or require special accommodations.
- (b) If contraindications or special accommodations are noted, the qualified health care professional shall inform the On-duty supervisor and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

601.6 MENTAL HEALTH CONSIDERATIONS

Due to the possibility of self-inflicted injury and depression during periods of segregation, health evaluations should include notations of any bruises and other trauma markings, and the qualified health care professional's comments regarding the inmate's attitude and outlook.

- (a) Mental health staff or a qualified mental health professional should also conduct weekly rounds.

When an inmate is classified as a special management inmate due to the presence of a serious mental illness and is placed in a segregation setting, the mental health progress notes and management plan should reflect the changed environment. When an inmate is expected to remain in segregation for more than 30 days (based upon disciplinary decisions, protective needs or other factors) the special management treatment plan should be updated to reflect this.

Where reasonably practicable, a qualified health care professional should provide screening for suicide risk following admission to the segregation unit.

601.7 SAFETY CHECKS

A staff member shall conduct an in person safety check of all disciplinary segregation inmates at least every 60 minutes.

Inmates who are at risk of suicide shall be under continuous observation via cameras and 15 minute checks until cleared by a qualified health care professional. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

Disciplinary segregation inmates shall receive increased monitoring to include at a minimum:

- (a) A safety check by the On-duty supervisor once a shift.
- (b) Visits by program staff, upon request.

All management, program staff and qualified health care professional visits shall be documented on the appropriate records and logs and retained in accordance with established records retention schedules.

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601.7.1 DOCUMENTATION OF SEGREGATION CHECKS

Segregation rounds shall be documented on logs, and include the following:

- (a) Date and time of contact
- (b) All significant findings and observations, medical assessment, treatment, recommendations, notifications and actions should be documented in the inmate's health record and/or log.

601.8 LOG PROCEDURES

All management and program staff visits shall be documented on the appropriate records and logs and retained in accordance with established records retention schedules.

Once an entry is made it should not be modified. If corrections or changes are needed they should be done by the on duty supervisor or way of a supplemental entry.

Electronically captured logs will be maintained in a way that prevents entries from being deleted or modified once they are entered. Corrections or changes must be done by the on duty supervisor or way of supplemental entries. At a minimum the log will contain the following:

- Any special medical or psychiatric problems or needs
- Counseling for behavior

Log entries should be legible, entered promptly and provide sufficient detail to adequately reflect the events of the day for future reference.

The date and time of the observation or incident and the name and identification number of the staff member making the log entry shall be included on each entry.

Supervisors should review the logs frequently during the shift and enter comments as appropriate.

All safety checks will be documented in detail and should include the exact time of the safety check and the identification information of the employee conducting the check.

601.8.1 LOG INSPECTION AND ARCHIVAL OF LOGS

The On-duty supervisor shall review and evaluate the logs and pass any significant incidents via the chain of command to the Director for review.

The logs will be retained by the Department in accordance with established records retention schedules but in no case less than one year.

Inmate Rights - Protection from Abuse

605.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines to ensure that inmates are afforded a safe, healthful environment free from abuse, corporal punishment or harassment, and that inmate property is protected.

605.2 POLICY

It is the policy of this department to make every reasonable effort to protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage and harassment by other inmates or staff. Staff shall take reasonable actions to safeguard vulnerable inmates from others and shall use the classification policies and procedures to make housing decisions that will provide for inmate safety. Abuse of inmates by staff or other inmates will not be tolerated.

The Director or the authorized designee shall be responsible for including prohibitions against inmate abuse and harassment, rules regarding respect for the property of others, and the prevention of disease in the inmate handbook. A copy of the inmate handbook is provided in all general population cells, and is available on the jail tablets.

605.3 RESPONSIBILITY

It shall be the responsibility of all facility staff to adhere to policies, procedures and practices, and to make every reasonable effort to prevent inmate injury, harassment and abuse, to prevent theft or damage to inmate property and to eliminate conditions that promote disease. These procedures include, but are not limited to:

- Following the classification guidelines for inmate housing.
- Closely supervising inmate activities and interceding as needed to prevent violence, harassment or abuse of inmates.
- Using force only when necessary and to the degree that is reasonable.
- Reporting all inmate injuries, investigating the cause of reported injuries and documenting these efforts in a special report.
- Enforcing all rules and regulations in a fair and consistent manner.
- Preventing any practice of inmates conducting kangaroo courts or dispensing discipline toward any other inmate.
- Conducting required jail checks of all inmate housing areas.
- Checking all safety equipment for serviceability and making a report of any defective equipment to the appropriate supervisor or Director.
- Referring sick or injured inmates to a qualified health care professional without unnecessary delay.
- Maintaining high standards of cleanliness throughout the jail.
- Documenting all abuse protection efforts in jail logs and special reports as applicable.

Grooming

608.1 PURPOSE AND SCOPE

The purpose of this policy is to allow inmates to have freedom in personal grooming, except when a legitimate interest justifies the development of grooming standards that are based upon orders of the court, inmate classification, work status, safety and security, or health and hygiene.

608.2 POLICY

It is the policy of this facility to allow inmates freedom in personal grooming, except when a valid interest justifies that grooming standards be established. The Director or the authorized designee shall establish inmate grooming standards specific to inmate classification, work status, facility safety and security, or inmate health and hygiene. Any established standards should not unreasonably interfere with religious observances.

608.3 HAIRCUTS

Inmates may be provided hair-cutting tools subject to established facility rules. If hair length, style or condition presents a security or sanitation concern, haircuts may be mandatory. Inmates who significantly alter their appearance may be required to submit to additional booking photos.

Inmates shall not cut names, numbers or other designs into their hair.

608.4 SHAVING

Inmates may be required to submit to new booking photographs if their appearance is significantly altered due to facial hair. Inmates with facial hair who work around food shall wear appropriate facial coverings.

An inmate may be denied access to razors if he/she appears to be a danger to him/herself or others, or if such access may jeopardize the safety and security of the facility, or has a history of self harm.

Inmates may be restricted from significantly altering their appearance for reasons of identification in court.

608.5 GROOMING EQUIPMENT

Grooming equipment is to be inventoried and inspected by the staff prior to being issued to inmates. The staff shall ensure that all equipment is returned and is not damaged or missing parts.

Grooming equipment will be disinfected after each use by the methods approved by the Washington State Cosmetology, Barbering, Esthetics, and Manicuring Advisory Board, in accordance with WAC 308-20-110. Cleaning methods include:

- Removing foreign matter.
- Cleaning tools with soap or detergent and water.
- Immersing non-electrical equipment in disinfectant.

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- Spraying electrical equipment with disinfectant.
- Storing cleaned equipment in clear, covered containers that are labeled as such.

Disinfectant solution shall be changed at least once per week or whenever the solution is cloudy or dirty. Solution will be stored in covered containers with labeled instructions for its use.

608.6 SHOWERING

Inmates shall be permitted to shower upon assignment to a housing unit, at least every other day thereafter and more often if practicable.

608.7 PERSONAL CARE ITEMS

Inmates are expected to maintain their hygiene using approved personal care items.

Indigent inmates shall receive hygiene items necessary to maintain an appropriate level of personal hygiene.

No inmate will be denied the necessary personal care items. For sanitation and security reasons, personal care items shall not be shared.

Inmate Nondiscrimination

609.1 PURPOSE AND SCOPE

The constitutional rights of inmates regarding discrimination are protected during incarceration. These protections extend to administrative decisions (e.g., classification, access to programs, availability of services). This policy is intended to guide the staff toward nondiscriminatory administrative decisions and to detail an inmate complaint and discrimination investigation process.

609.2 POLICY

All decisions concerning inmates housed at this facility shall be based on reasonable criteria that support the health, safety, security, and good order of the facility.

609.3 INMATES REPORTING DISCRIMINATION

Inmates who wish to report an allegation of discrimination may communicate with facility management in any way, including:

- (a) Confidential correspondence addressed to the Director or the Chiefs or other government official, including the courts or legal representatives.
- (b) Verbally to any supervisor or other staff member of this facility.

609.3.1 HANDLING COMPLAINTS OF DISCRIMINATION

Staff shall promptly forward all written allegations of discrimination by inmates to the Sergeant. If the allegation is presented verbally, the receiving staff member shall prepare a special report identifying the circumstances prompting the allegation, the individuals involved, and any other pertinent information that would be useful to investigating the allegation.

Unless the complaint submitted by the inmate is clearly identified as confidential and addressed to the Director, Chiefs, or other official, the Sergeant shall review the complaint and attempt to resolve the issue. In any case, the Sergeant shall document the circumstances of the allegation and what actions, if any, were taken to investigate or resolve the complaint. All reports of alleged discrimination shall be forwarded to the Director for review and further investigation or administrative action as needed.

Administrative evaluations and response to allegations of discrimination shall be based upon objective criteria:

- (a) The inmate's classification
- (b) The inmate's criminal history
- (c) Current and past behavior and disciplinary history
- (d) Housing availability
- (e) The availability of programs
- (f) The ability to safely provide the requested services

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609.4 DISCRIMINATION COMPLAINT AUDITS

The Director should perform an annual audit of all inmate discrimination complaints to evaluate whether any policy or procedure changes or training are indicated. If the audit identifies any recommended changes or content that may warrant a critical revision to this Custody Manual, the Director should promptly notify the Chief of Administration to make necessary changes.

Any training issues identified as a result of this audit should be forwarded to the Professional Services Sergeant, who shall be responsible for ensuring all necessary and required training is scheduled and completed.

609.5 DISCRIMINATION PROHIBITED

Discriminating against an inmate based upon actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law is prohibited.

Reasonable and comparable opportunities for participation in services and programs including vocational, educational, and religious programs shall be made available to inmates in a nondiscriminatory manner.

Inmate Grievances

610.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process by which inmates may file grievances and receive a formal review regarding the conditions of their confinement.

610.2 POLICY

It is the policy of this department that any inmate may file a grievance relating to conditions of confinement, which includes release date, housing, medical care, food services, hygiene and sanitation needs, recreation opportunities, classification actions, disciplinary actions, program participation, telephone and mail use procedures, visiting procedures and allegations of sexual abuse.

Retaliation for use of the grievance system is prohibited.

610.2.1 ACCESS TO THE GRIEVANCE SYSTEM

All inmates shall be provided with a grievance process for resolving complaints arising from facility matters with at least one level of appeal.

Information on the grievance process will also be contained in the inmate handbook.

The information will include:

- A grievance form or instructions for registering a grievance.
- Instructions for the resolution of the grievance at the lowest appropriate staff level.
- The appeal process to the next level of review.
- Written reasons for denial of a grievance at each level of review.
- A provision of required timeframes for responses to both emergency and non-emergency grievances.
- Possible consequences for abusing the grievance system.

610.3 INMATE GRIEVANCE PROCEDURES

Staff shall attempt to informally resolve all grievances at the lowest level. If there is no resolution at this level, the inmate may request a grievance form.

The inmate should be advised to complete the form and return it to any staff member. All grievances must be filed within 72 hours of the complaint or issue.

Inmates cannot file a grievance on behalf of another inmate but an inmate may assist another inmate in the preparation of a grievance. Custody staff may take reasonable steps to assist the inmate in the preparation of a grievance if requested.

Upon receiving a completed inmate grievance form, the staff member shall acknowledge receipt of the grievance by signing the form. The staff member receiving the form shall gather all associated paperwork and reports and immediately forward it to a supervisor. After review and signature

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the supervisor will assign a number and start an entry in the appropriate grievance log. Once numbered and logged the grievance will be forwarded to the appropriate department for review/resolution.

610.3.1 EXCEPTION TO INITIAL GRIEVANCE FILING

Inmates may request to submit the grievance directly to a custody staff member or supervisor if they reasonably believe the issues to be grieved are sensitive or that their safety would be in jeopardy if the contents of the grievance were to become known to other inmates.

610.3.2 TIMELY RESOLUTION OF GRIEVANCES

Upon receiving a completed inmate grievance form, the supervisor shall ensure that the grievance is investigated and resolved or denied in a timely manner, as established by the Director. The supervisor shall assign the investigation of the grievance to the manager in charge of the department the inmate is grieving.

Grievances related to medical care should be investigated by the Health Care Manager or the authorized designee. The findings of that investigation, along with any recommendations, shall be forwarded to the Operations Sergeant. Any appeals of the findings of the medical staff shall be forward to the Chief of Administration as the final level of appeal.

Grievances about food-related matters should be investigated by the food service leads. The findings of that investigation, along with any recommendations, shall be forwarded to the Operations Sergeant. Any appeals shall be forward to the Chief of Administration as the final level of appeal.

Other grievances relating to programs or other services provided by the Department shall be investigated by the custody staff with the assistance of the supervising employee in charge of those services. Findings relating to the investigation will be forwarded to the Operations Sergeant. Any appeals shall be forwarded to the Chief of Operations as the final level of appeal.

610.3.3 APPEALS TO GRIEVANCE FINDINGS

Inmates may appeal the finding of a grievance to the Chief of Operations/Chief of Administration as the final level of appeal within five days of receiving the findings of the original grievance. The Chief will review the grievance and either confirm or deny it. If the Chief confirms the grievance, he/she will initiate corrective actions. In either case, the inmate shall receive a written response to the appeal.

Appeals related to sexual abuse allegations shall be confirmed or denied by the Chief within 10 calendar days.

610.3.4 RECORDING GRIEVANCES

The Operations Sergeant should maintain a grievance log in a central location accessible to all supervisors. The supervisor who originally receives a grievance shall start the record of the grievance in the log and assign it a number. Periodic reviews of the log should be made by the Director or the authorized designee to ensure that grievances are being handled properly and

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Inmate Grievances

in a timely manner. A copy of each grievance should be filed in the inmate's official record and maintained throughout the inmate's period of incarceration.

The original grievance should be retained in a file maintained by the Director or the authorized designee, and shall be retained in accordance with established records retention schedules.

610.3.5 FRIVOLOUS GRIEVANCES

Inmates shall use the grievance process only for legitimate problems or complaints. If there is concern that an inmate is abusing the grievance process, he/she shall be informed that continued behavior may result in disciplinary action.

610.4 ADDITIONAL PROVISIONS FOR GRIEVANCES RELATED TO SEXUAL ABUSE

The following apply to grievances that relate to sexual abuse allegations (28 CFR 115.52):

- (a) Inmates may submit a grievance regarding an allegation of sexual abuse at any time.
- (b) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing such grievances and to file such grievances on behalf of inmates if the inmate agrees to have the grievance filed on his/her behalf. Staff members who receive a grievance filed by a third party on behalf of an inmate shall inquire whether the inmate wishes to have the grievance processed and shall document the inmate's decision.
- (c) Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint.
- (d) Staff receiving a grievance shall forward the grievance to a supervisor. Grievances shall not be forwarded to any supervisor who is the subject of the complaint. The supervisor receiving the grievance shall refer the grievance to the Chief for investigation. Inmates and staff are not required to attempt to informally resolve grievances related to sexual abuse.
- (e) The Chief shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Chief may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made.
- (f) At any level of the process, including the appeal, if the inmate does not receive a response within the allotted time, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.
- (g) Inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith.

610.4.1 EMERGENCY GRIEVANCES RELATED TO SEXUAL ABUSE

Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours.

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The supervisor shall refer the grievance to the Chief, who will investigate and issue a final decision within five calendar days.

The initial response and final decision shall be documented and shall include a determination whether the inmate is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance (28 CFR 115.52).

610.5 TRAINING

The Professional Services Sergeant shall ensure that all custody staff members receive initial training regarding all aspects of the Inmate Grievances Policy.

Inmate Voting

611.1 PURPOSE AND SCOPE

This policy establishes the requirement for providing eligible inmates the opportunity to vote during elections, pursuant to election statutes.

611.2 POLICY

The Department will assist inmates who wish to vote in an election.

611.3 VOTING REQUIREMENTS

- (a) A citizen of the United States
- (b) A legal resident of Washington state for at least 30 days prior to election day
- (c) At least 18 years old
- (d) Not disqualified from voting due to a court order
- (e) Not currently serving a sentence of total confinement in prison under the jurisdiction of the department of corrections for a Washington felony conviction
- (f) Not currently incarcerated for a federal or out-of-state felony conviction

611.4 PROCEDURES

Prior to each election, the Director will designate a deputy to be a liaison between the Department and the local registrar of voters. The designated deputy will be responsible for assisting inmates who have requested to vote. Postage shall be provided to inmates who cannot afford to mail an absentee ballot.

Inmates should be advised of voting methods during the inmate orientation.

611.4.1 REGISTERING TO VOTE

An inmate who is eligible to vote and requests to register should complete a voter application. The application should be submitted to the liaison deputy, who will forward the application to the local election official.

611.4.2 REQUESTING AN ABSENTEE BALLOT

An inmate who will be in custody during an election and requests to vote by absentee ballot should complete an application. The completed application should be submitted to the liaison deputy, who will forward the application to the local election official.

611.4.3 VOTING

All ballots received shall be delivered to inmates in a timely manner to ensure compliance with the inmate's right to vote. Once the ballot has been delivered to the inmate, it shall be the responsibility of the inmate to mail his/her ballot in accordance with the state's voting requirements. If the inmate is indigent, the jail will mail the ballot; if not, the inmate is responsible for the postage.

Numi Financial Inmate Funds

612.1 PURPOSE AND SCOPE

It is the policy of Chelan County Regional Justice Center (CCRJC) to utilize the Numi Financial Prestige Debit MasterCard for the return of inmate funds upon unrestricted releases. For releases to other agencies, the return of funds will be by check.

CCRJC shall follow all Numi Financial requirements to ensure compliance.

612.1.1 PRACTICES

All releasing staff shall view the training video and complete the questionnaire provided by Numi Financial

Numi Prestige Video Training and Questionnaire Password: Numi2019
<https://www.numifinancial.com/new-facility-training>

(Note if you can access the Questionnaire, however cannot access the video, use the link below to watch the video separately and then complete the survey):

Direct Link to Video Only Password: Numi2019

<http://drive.google.com/file/d/1FiSV0IVFWxAzj5t4D0t8MAr-P7m2-e/view>

Request for inmate account closure in Banker/Swanson - Once release status is verified, Control Staff will disburse any available funds as noted below:

Inmates released to the streets and have a balance due to them of =>\$1.00 will receive their available funds in the form of the Prestige Debit MasterCard.

Inmates with less than \$1.00 will receive coin **unless** there is not enough coin available, in which case the balance due will be paid in the form of the Prestige Debit MasterCard.

Inmates **transported** to another correctional facility, i.e. prison, another jail, will receive their available funds in the form of a **check**.

Inquiries on lost or stolen cards - Card owner is to contact 24-hour Customer Support1-800-284-1990

Should an inmate be re-arrested before using any card funds, we will void that card after intake. We will then add those funds to the inmates commissary account.

612.1.2 NUMI supplies

The Debit MasterCard's and all documentation shall be stored within the 3 drawer file cabinet located outside Control (middle drawer labeled NUMI SUPPLIES), the drawer contains the following items:

- Prestige Prepaid MasterCard (located in locked box in the drawer)

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- Cardholders - English & Spanish
- Card Usage Tip Wallet Card - English & Spanish
- MANDATORY inclusion of Cardholder Agreement– English & Spanish
- **RELEASE FORM - This is only to be used in the event the receipt printer in Control is not working.**

612.1.3 PROCEDURES

CCRJC's Prestige Debit MasterCard inventory is monitored by Numi Financial. They will monitor the number of cards issued and automatically provide CCRJC inventory for a 3-4 week timeline. The amount of cards we receive will vary based on our agency's usage.

Re-ordering of any supplies EXCEPT for the Prestige Debit MasterCard is done by emailing jailsupport@numifinancial.com

It is recommended that Control staff prepare 20 (English) 10 (Spanish) cardholder folders so they are available for inmate releases. The cardholder folder will need to contain (in appropriate language version)

1 Debit card

1 Cardholder agreement form *Mandatory inclusion

1 Wallet card

Steps to activate the Prestige Debit MasterCard

- - Pull out prepared packet, if not available see NUMI SUPPLIES
 - Login Swanson/Banker
 - Select - Resident transaction > Release
 - Is this a Smart Card Release > YES
 - If there are any available funds, amount will be noted
 - Swipe Card (magnetic strip up) to populate card # in top box
 - Swipe Card again, to populate card # in second box
 - Comment - Enter standard release notation, Time Served, PR' d Cash Bail posted ETC

Steps to void Prestige Debit MasterCard: Perform following steps in Swanson/Banker

- - Select - Resident transaction - Void SmartCard
 - Enter inmate name or inmate number
 - Enter receipt # <enter>
 - Comment – Reason for void
 - To reopen account select Yes

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Numi Financial Inmate Funds

- Card is voided
- WRITE VOID on card sticker (if available) and return voided card and voided receipt to Records.
- Records will then enter card information in the Numi Debit MasterCard void log
- ◦ **IMPORTANT: For auditing purposes, staff performing the void CANNOT be the same staff entering the void into the void log. I.E. if Records performed the void, either Control staff or administration staff will need to enter into void log**

612.1.4 Inmate Release

Inmate must sign the release receipt **BEFORE** staff provides the Debit MasterCard.

- Signed Release receipt accompanied by signed property forms are placed together so these documents can be scanned into inmates booking and retained for a minimum of 6 years

Internal controls – A bi-monthly audit completed by Records staff. This entails physical count of CCRJC stock on hand of Prestige Debit MasterCard then reconciling to the itemized list provided by NUMI of all the Prestige Debit MasterCards sent to CCRJC less the number of cards released and voided.

Numi will email a daily Card Load Summary report that lists all card activation and deactivation events for a 24 hour period. This report is being emailed to RJ.CONTROL@CO.CHELAN.WA.US and the mailbox is being monitored by all of the staff in Control, Records, Business Manager, and Business Assistant.

NUMI maintenance Windows

Numi financial have weekly preset system & processor maintenance performed. We may experience internment services during these times:

WEDNESDAY 20:00 – 22:00

SUNDAYS Midnight – 04:00.

Federal Immigration Authority

613.1 PURPOSE AND SCOPE

The purpose of this policy is to provide all Chelan County Regional Justice Center staff with guidance on the proper collection and dissemination of information related to the immigration status and citizenship of inmates, as well establish guidelines for the conduct of interviews of inmates by federal immigration authorities, including Immigration and Customs Enforcement (ICE), Customs and Border Patrol (CBP), and U.S. Citizenship and Immigration Services (USCIS)

613.2 POLICY

It is the policy of the Chelan County Regional Justice Center to comply with all relevant laws governing the collection and dissemination of information relating the immigration status, citizenship, and place of birth or national origin. This includes but is not limited to the Keep Washington Working Act of 2019.

CCRJC staff may not inquire into or collect information about any inmate's place of birth, national origin or citizenship status. Such information, if known, may not be released to immigration officials unless legally permitted to do so.

An individual may not be detained solely for the purpose of determining immigration status.

An individual must not be taken into custody, or held in custody, solely for the purposes of determining immigration status or based solely on a civil immigration warrant, or an immigration hold request.

Consular notification will be done based only on voluntary disclosures of citizenship for mandatory notification countries or upon the request of the individual inmate.

613.3 PROCEDURES

613.3.1 BOOKING PROCEDURES

1. Inmates will not be asked for their place of birth, or immigration or citizenship status at the time of booking. Instead, unknown or "XX" (the NCIC code for unknown) will be entered into the Birth City/State data fields entry location in the demographics section under the additional name information screen in Spillman.
2. This information will be sent electronically to the LiveScan machine and will be what is reflected on the individuals fingerprint card and sent to WSP for fingerprint identification.
3. Consular notification will be done only if the inmate voluntarily discloses their citizenship information and then only for mandatory notification countries, unless the inmate specifically requests that their consulate be notified for non-mandatory countries.

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Federal Immigration Authority

613.3.2 DISSEMINATION OF INFORMATION

1. CCRJC staff may not provide information pursuant to an inmate's immigration or citizenship status, or place of birth may not be collected unless there is a connection between such information and an investigation into a violation of state or local criminal law.
2. CCRJC staff may not provide information regarding a person's date of release from custody or any other information pursuant to notification requests from federal immigration authorities for the purposes of civil immigration enforcement.
3. CCRJC staff may not provide non-publicly available information on inmates to federal immigration authorities in a noncriminal matter.
4. CCRJC staff may refer any inquiries or information requests to the department's Public Disclosure representative, who will respond as required by state and federal law

613.3.3 INTERVIEW OF INMATES BY IMMIGRATION CUSTOM ENFORCEMENT AGENTS

1. If an ICE Agent requests to interview an inmate in custody, the first step is to determine if this is for a criminal investigation or another immigration related matter.
2. For Criminal Investigations:
 - a. The agent will be required to sign the "ICE Criminal Investigation Declaration" form (located in jail common folder/forms and pdf's).
 - b. If the agent signs the form acknowledging under penalty of perjury that they are conducting a criminal investigation, then they are to be permitted the same access to the inmate as would be afforded to any other law enforcement officer.
3. Non-criminal investigations:
 - a. The inmate must be contacted by a Corrections Supervisor. The supervisor must explain that an ICE Agent wishes to interview them.
 - i. The supervisor will verbally explain the "Consent to be Interviewed" form (located in jail common folder/forms and pdf's) and obtain the inmate's signature.
 - ii. The inmate has the right to refuse the interview, be interviewed only with an attorney present, or consent be interviewed alone.
 - iii. At no time shall the supervisor attempt to encourage the inmate towards any particular decision or provide any legal advice.
 - b. If the inmate refuses the interview, the ICE Agent will be notified, and the interview will not be conducted
 - c. If the inmate consents to the interview, the ICE Agent will be required to sign the "Agent Access Acknowledgement" form (located in jail common folder/forms and pdf's)
4. Any forms completed as a result of the request for interview will be scanned and attached to the inmates record in the Jail Management System.

Chapter 7 - Medical-Mental Health

Health Care Administrative Meetings and Reports

700.1 PURPOSE AND SCOPE

The Department recognizes that the delivery of effective health care requires open and frequent communication between the Health Care Manager and the Director. This policy provides guidelines for the continuous monitoring, planning and problem resolution in providing health care that addresses the medical needs of the inmate population and prevents potential outbreaks of communicable and contagious illness.

700.1.1 DEFINITIONS

The following terms and meanings shall apply to all policies in this chapter:

Access to care - An inmate should be seen in a timely manner by a qualified health care professional. The inmate should be given a professional clinical diagnosis and receive treatment that is ordered.

Clinical practice guidelines - A systematically developed sciencebased statement designed to assist practitioners and inmates with decisions about appropriate health care for specific clinical circumstances. Clinical practice guidelines are used to assist clinical decision-making, assess and assure the quality of care, educate individuals and groups about clinical disease, guide the allocation of health care resources and reduce the risk of legal liability for negligent care.

Clinical setting - An examination or treatment room, either on or off site, which is appropriately supplied and equipped to address a patient's health care needs.

Daily - Seven days a week, including holidays.

Direct order - A written order issued by a qualified health care professional specifically for the treatment of an inmate's particular condition.

Health authority - The Health Care Authority, health services administrator or health agency responsible for providing all health care services or coordinating the delivery of all health care services.

Health appraisal - A comprehensive health evaluation completed within 14 days of an inmate's arrival at the facility.

Health care - The sum of all actions, preventive and therapeutic, taken for the physical and mental wellbeing of the inmate population. The term health care includes medical, both physical and psychological, dental, nutrition and other ancillary services, as well as maintaining safe and sanitary environmental conditions.

Health-trained custody staff - A deputy or other facility employee who has received training from the Health Care Authority or the authorized licensed designee in limited aspects of health care coordination.

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Health Care Administrative Meetings and Reports

HIPAA - Health Insurance Portability and Accountability Act

Mental health staff - Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

Physical examination - An objective, hands-on evaluation of an individual. It involves the inspection, palpation, auscultation and percussion of a body to determine the presence or absence of physical signs of disease.

Health Care Authority - An individual licensed to practice medicine and provide health services to the inmate population of the facility, or the physician at an institution with final responsibility for decisions related to medical judgment.

Qualified health care professional - Physicians, physician's assistants, nurses, nurse practitioners, dentists, mental health professionals or other persons who, by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients within the parameters of his/her license or certification.

Sick call - The evaluation and treatment of an ambulatory patient, either on or off site, by a qualified health care professional.

Special needs - Health conditions that require regular care.

Standing order - Written orders issued by a physician that specify the same course of treatment for each patient suspected of having a given condition and the specific use and amount of prescription drugs (e.g., immunizations, insulin, seizure medications).

Suicidal ideation - Having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide when the thoughts include a plan to commit suicide and when they do not.

Treatment plan - A series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in delivering the care.

Triage - The sorting and classifying of health care requests to determine priority of need and the proper place for health care to be rendered.

700.2 POLICY

The Director shall select the Health Care Manager in accordance with the Health Authority Policy. It is the policy of this facility that the Health Care Manager should meet with the Director at least bi-annual. The Health Care Manager should be required to submit a report addressing the effectiveness of the health care system, a description of any environmental or access issues that require improvement, and detail any progress that has been made in previously reported areas. The bi-annual meeting should be documented.

The data for the bi-annual report should be gathered by the Health Care Manager via bi-annual meetings with all facility Sergeants and qualified health care professionals. The bi-annual meetings should cover the following topics:

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Health Care Administrative Meetings and Reports

- Health care services
- Quality improvement findings
- Infection control efforts
- Inmate grievances
- Environmental inspections report

700.2.1 STATISTICAL REPORTS

In addition to the bi-annual report described above, a statistical report will be provided annually to the Director. The statistical report will be provided by the Health Care Manager and shall include, but not limited to the following:

- b. The number of referrals to specialists
- c. Laboratory and X-ray tests completed
- d. Off-site hospital admissions or emergency care
- e. Serious injuries and illnesses
- f. Deaths
- g. Off-site transports
- h. Infectious disease monitoring
- j. Dental visits provided

It is the responsibility of the Director to ensure that copies of the statistical reports and documentation of any remedies implemented are retained in accordance with established records retention schedules.

Access to Health Care

701.1 PURPOSE AND SCOPE

The provision of adequate health services in a custody setting is a constitutional right afforded to all inmates. The purpose of this policy is to provide custody personnel and qualified health care professionals with a process to inform newly booked inmates of the procedure to access health care services and how to use the grievance system, if necessary.

701.2 POLICY

It is the policy of this department that all inmates, regardless of custody status or housing location, will have timely access to a qualified health care professional and receive a timely professional clinical judgment and appropriate treatment.

The Chelan County Regional Justice Center facility will provide appropriate and cost-effective emergency and necessary medical, dental and mental health care as necessary to maintain the health and well-being of inmates to a reasonable and socially acceptable standard (RCW 70.48.130).

701.3 ACCESS TO CARE

Inmate medical requests will be evaluated by qualified health care professionals or health-trained custody staff. Health care services will be made available to inmates from the time of admission until they are released. Information regarding how to contact the medical staff will be provided in the inmate handbook in all inmate housing areas. Medications and community health resources and referrals may be provided upon request when the inmate is released.

Unreasonable barriers shall not be placed on an inmate's ability to access health services. Health care that is necessary during the period of imprisonment shall be provided regardless of an inmate's ability to pay, the size of the facility or the duration of the inmate's incarceration (RCW 70.48.130). Such unreasonable barriers include:

- Punishing inmates for seeking care for their health needs.
- Assessing excessive co-payments that prevent or deter inmates from seeking care for their health needs.
- Deterring inmates from seeking care for their health needs by scheduling sick call at unreasonable times.

All routine requests for medical attention shall be promptly routed to a qualified health care professional.

Any incident of an inmate refusing medical treatment or causing a disruption in the delivery of health care services shall be documented.

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Access to Health Care

701.4 HEALTH CARE GRIEVANCES

Custody personnel should authorize and encourage resolution of inmate complaints and requests on an informal basis whenever possible. To the extent practicable, custody personnel should provide inmates with opportunities to make suggestions to improve programs and conditions.

Inmates will be informed of the grievance process during inmate orientation. The grievance process is also explained in the inmate handbook, which all inmates receive and which they should have additional access to in their housing units. Grievances will be handled in accordance with the Inmate Grievances Policy.

Custody personnel should minimize technical requirements for grievances and allow inmates to initiate the grievance process by briefly describing the nature of the complaint and the remedy sought. For simple questions and answers regarding clinical issues, inmates may meet with a qualified health care professional or may submit a written correspondence.

Inmate grievances regarding health care issues will be reviewed by the Chief of Operations. The inmate should be provided with a written response in accordance with the schedule set forth in the Inmate Grievances Policy. Responses to inmate grievances should be based on the community standard of health care.

If an inmate is not satisfied with the response, the inmate may appeal the grievance as outlined in the Inmate Grievances Policy.

Non-Emergency Health Care

702.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a daily triage system of inmate requests for health care services. This is to ensure that the health needs of the population are addressed properly and in a timely manner.

702.2 POLICY

It is the policy of this department to provide daily access to the qualified health care professionals or health-trained custody staff in order for inmates to request medical services. All health care requests will be documented, triaged and referred appropriately by medical staff. Qualified health care professionals will conduct sick call and clinics for health care services on a scheduled basis to ensure a timely response to requests for medical services.

The Health Care Manager, in coordination with the Director or the authorized designee, is responsible for developing a process that includes:

- (a) A process for inmates to request health services on a daily basis.
- (b) A priority system for health care services to acquire and address requests for routine health care, and for urgent or emergent injuries, illnesses and conditions.
- (c) Making health care request forms available in each housing unit and to all inmates upon request.
- (d) A system, in which health care requests are documented, triaged and referred appropriately.
- (e) Restrictions that prohibit non-health services personnel from diagnosing or treating illnesses or injuries.

702.3 HEALTH CARE REQUESTS

During the collection of health care requests from inmates, care should be taken to protect the confidentiality of the inmate and the nature of the health issue. The requests shall be triaged to determine the priority of need and the proper place for health care to be delivered.

Inmates will be instructed on how to obtain medical services in the inmate handbook. Inmates shall submit a medical request form to the housing unit deputy or the health-trained custody staff delivering medications, or a nurse, if appropriate.

Medical request forms should be available in languages representative of the population. Inmates who communicate in a language not available in printed form shall have access to interpreter services.

Inmates with disabilities should be provided with appropriate assistance or accommodation to ensure they are able to request health care services.

The housing unit deputy or nurse shall ensure the reason for seeking medical attention is on the medical request form. If no reason is given, the deputy or nurse shall encourage the inmate to

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Non-Emergency Health Care

indicate whether the matter is urgent or confidential. The deputy shall forward all requests to the jail nurse.

702.4 TRIAGE OF HEALTH CARE REQUESTS

Qualified health care professionals shall perform a daily triage. Sick call nurse visits shall be available to inmates at least five days a week and shall be performed by a qualified health care professional.

Other qualified health care professionals should schedule inmates in need of specialized treatment for the next available providers' clinic.

The frequency and duration of sick call should be sufficient to meet the needs of the inmate population, but should be conducted at least weekly by a qualified health care professional. If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the place of the inmate's detention.

702.5 REQUESTS FOR OUTSIDE MEDICAL CARE

Inmates who request access to health care services outside the facility may do so with advance authorization from the Director or the authorized designee. The inmate shall be required to provide proof of sufficient private funds available to pay for all costs associated with transportation to the off-site facility and all costs associated with the medical services, diagnostics, treatment plans, medications or any other costs associated with off-site medical care.

Referrals and Coordination of Specialty Care

703.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for referring inmates who need health care or specialty care that is beyond the resources available in the facility. The policy includes guidelines regarding transportation under appropriate security provisions, and the formulation of advance written agreements for around the clock or on-call availability of alternate services. Specialty care includes specialist-provided health care, such as nephrology, surgery, dermatology and orthopedics.

703.2 POLICY

It is the policy of this department that inmates have access to necessary hospitalization and specialty services for serious medical needs. This facility will provide, either directly or through contracted sources, specialty care and emergency medical services to inmates when the need is determined by the Health Care Authority.

703.3 DIRECTOR RESPONSIBILITY

The Director or the authorized designee, in coordination with the Health Care Manager is responsible for establishing written agreements with outside specialty health care services for emergency and urgent care that is not available within the facility. In addition, a plan shall be developed for the secure transportation of inmates to a facility where such care is available.

703.4 REFERRAL TO OFF-SITE MEDICAL CARE

A qualified health care professional shall evaluate the inmate, and if indicated, shall recommend specialty appointments in writing on the order sheet in the inmate's medical record. A referral form should be completed and any supporting documentation attached. The written referral shall be reviewed and authorized, if appropriate, by the Health Care Manager.

703.5 OFF-SITE COORDINATION

A qualified health care professional is responsible for recommending off-site medical and psychiatric care for inmates, coordinating outside appointments and notifying supervisory custody staff of off-site transportation needs.

Any conflicts that arise regarding off-site consultation trips will be communicated by the deputy responsible for transportation to the Health Care Manager and Director or the authorized designee so that modifications may be made.

The jail health care manager shall keep a log of missed appointments to determine if transportation issues are impeding the ability of inmates to access appropriate medical care. Any issues identified shall be discussed and resolved between the Health Care Manager and the Director.

Emergency Health Care Services

704.1 PURPOSE AND SCOPE

The purpose of this policy is to establish plans and procedures for responding to medical emergencies in the facility when the level of medical or mental health services exceed the licensure or certification of staff who are on-duty and to define staff training requirements.

704.2 POLICY

It is the policy of this department that emergency medical, mental health are available 24 hours a day. These services may include off-site health care services.

704.3 PROCEDURES

The Director or the authorized designee shall work cooperatively with the health care manager to develop plans and procedures for responding to emergency medical incidents that occur when the level of medical or mental health services needed exceeds the licensure or certification of staff who are on-duty. The plans should include: on-site emergency first aid, basic life support and crisis intervention; emergency evacuation of an inmate from the facility, including security procedures, to ensure an immediate transfer when appropriate; on-call physicians, dentists and mental health professionals; predetermined back-up health care services when the emergency health facility is not located in a nearby community; and the identification of primary, secondary and tertiary acute care facilities.

The plan may additionally include, but is not limited to, these components:

- (a) Health-trained custody staff shall respond to all emergencies immediately upon notification.
- (b) Contact information for emergency on-call health care services, both on- and off-site, is available and accessible for facility supervisors.
- (c) Qualified health care professionals shall respond by reporting to the area of the emergency with the necessary emergency equipment and supplies.
- (d) Emergency equipment and supplies are regularly maintained and accessible to the qualified health care professionals and health-trained custody staff.
- (e) Most inmates will be stabilized on-site and then transferred to an appropriate health care facility, if necessary.
- (f) Notification of on-call physicians and mental health staff or health care manager will be done as soon as the situation reasonably allows.
- (g) The qualified health care professionals will determine if the inmate needs to be transported to a local emergency room for treatment.
- (h) When necessary, facility staff shall activate 9-1-1 and notify a supervisor as soon as reasonably practicable.
- (i) The Director, Chiefs and the health care manager will coordinate on the notification of the inmate's next of kin in cases of serious illness and injury or Death.

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Emergency Health Care Services

The goal of any emergency medical response plan is to provide emergency medical care to those in need as expeditiously as possible. While facility size and patient proximity to the health care service will vary, staff training will emphasize responding to medical emergencies as soon as reasonably possible.

704.4 EMERGENCY PROCEDURES

The Director or the authorized designee is responsible for ensuring the following information, equipment and personnel are available in the event an inmate requires emergency treatment:

- (a) A current list of names, addresses and telephone numbers of all persons and agencies to be notified in an emergency. The list should be available to all health care and custody staff at all times, and should be updated quarterly.
- (b) Emergency drugs, equipment and supplies should be readily available at all times and replenished after each use. An inventory control system should be in use to ensure the necessary supplies are present when needed and have not expired. This includes:
 - 1. Opioid overdose medication as provided by RCW 69.41.095.
 - 2. Epinephrine as provided by Washington law (RCW 70.54.440).
- (c) A physician, and mental health professional should be available on-call 24 hours a day, seven days a week (this can include off-site health care services) and there should be a back-up health care services plan.
- (d) Ambulances should be accessed through the facility staff or by calling the appropriate emergency number. There should be a clear security plan in place for the transportation of inmates.
- (e) The Sergeant will be contacted and informed of any emergency as soon as practicable.
- (f) All decisions regarding medical treatment and the need for emergency transportation are to be made by the qualified health care professionals or health-trained custody staff.
- (g) Whenever reasonably possible, the on-call health care service should be notified prior to transporting the inmate to the hospital or other emergency care. However, in the event of a life- or limb-threatening emergency, the inmate shall be sent to the hospital in the most expedient way possible, which may require notifying the specific health care service after the inmate has been transported.

704.5 FIRST-AID KITS

The Health Care Manager or the authorized designee is responsible for determining the contents, number, location and procedures for quarterly inspections of all first-aid kits in the facility. The Health Care Manager shall also ensure that:

- (a) The contents of each first-aid kit are:
 - 1. Appropriate for its location and approved by the Responsible Physician.
 - 2. Arranged for quick use.
 - 3. Documented on the outside cover.

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Emergency Health Care Services

4. Inventoried quarterly.

704.6 TRAINING

The Director shall ensure that all qualified health care professionals are trained in the delivery of emergency medical services in the custody environment during new employee orientation.

The Director or the authorized designee shall ensure that all facility staff members who have contact with inmates receive first-aid and basic life support training during in-service training, and that annual refresher training is conducted for the facility and qualified health care professionals. Training should include, but not be limited to:

- (a) The location of all emergency medical equipment and medications, and the proper use of the equipment, such as automated external defibrillators (AED).
- (b) How to properly summon internal and external emergency services.
- (c) Recognition of basic life support signs and symptoms, and the actions required in emergency situations.
- (d) Administration of basic first aid.
- (e) Certification in CPR in accordance with the recommendations of the certifying health organization.
- (f) Recognition of the signs and symptoms of mental illness, violent behavior and acute chemical intoxication and withdrawal.
- (g) Procedures for inmate transfers to appropriate medical facilities or health care service.
- (h) Suicide recognition, prevention and intervention techniques.

All records of the training provided, testing procedures and the results, and certificates achieved shall be maintained in each qualified health care professional's training file in accordance with established records retention schedules. The Health Care Manager should be bound by similar requirements in the contractual language between the Department and the vendor.

704.7 AUTOMATED EXTERNAL DEFIBRILLATORS

The Health Care Manager or the authorized designee is responsible for ensuring that an AED is available in the facility and that all staff members are trained in its use. The AEDs shall be inspected and tested at a frequency consistent with the manufacturer's recommendations to ensure functionality.

Health Care for Pregnant Inmates

705.1 PURPOSE AND SCOPE

The purpose of this policy is to establish prenatal and postpartum health care services for inmates who are pregnant. Services may include assistance recovering from the effects of potentially unhealthy lifestyles, which could include tobacco use, alcohol and drug abuse or addiction, and a lack of previous adequate medical care. Because of unhealthy lifestyle choices prior to incarceration, many inmate pregnancies are classified as high risk. This policy is intended to protect the health of the pregnant inmate and her fetus.

705.2 POLICY

It is the policy of this department that a qualified health care professional should provide comprehensive prenatal and postpartum care for all pregnant inmates during their incarceration, which includes but is not limited to the following:

- Pregnancy testing
- Prenatal care, both routine and high-risk if needed
- Management of drug or alcohol-addicted pregnant inmates
- Nutrition modification for term of pregnancy and lactation
- Birthing in an appropriate setting
- Postpartum care
- Access to privately funded pregnancy alternative options

705.3 BOOKING - PREGNANCY SCREENING

When booking a female inmate, the following steps shall be taken:

- (a) All females shall be asked if they are pregnant. If the inmate states she is pregnant, a confirming urine test should be performed and documented in the medical record. All females under the influence or withdrawing will have a UA HCG test performed.
- (b) Pregnant inmates who are under the influence of or withdrawing from alcohol or other substances should be referred to a nurse, if available, or other available resource.
- (c) The Health Care Authority, in collaboration with facility staff, shall ensure the appropriate clinic visits are scheduled.
- (d) A medical record should be opened with a notation indicating pregnancy.
- (e) The inmate should be interviewed by a qualified health care professional for the following information, which should be written in the medical record:
 1. Last menstrual period (LMP)
 2. Estimated date of conception (EDC)
 3. Estimated due date (40 weeks from EDC)

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Health Care for Pregnant Inmates

4. Number of pregnancies (Gravidity)
 5. Any current adverse symptoms: vaginal bleeding or discharge, abdominal cramping or pain (if yes, notify on-site or on-call physician)
 6. High-risk factors if known: drug or alcohol use/abuse, smoking, previous pregnancy problems, other medical problems (cardiac, seizures, diabetes/DM, hypertension/HTN)
 7. If recent heroin or methadone use is identified, notify the on-site or on-call physician for orders.
- (f) Each pregnant inmate should have:
1. A completed medical recommendation form for a low bunk assignment, in a lower tier, with no waist chains, as appropriate.
 2. A completed special diet form ordering a pregnant diet.
 3. Prenatal vitamins prescribed at one per day for the duration of the pregnancy.
 4. An appointment at the next available obstetric clinic.

705.4 HOUSING

Inmates who are known to be pregnant may be housed in any unit appropriate for their classification.

705.5 COUNSELING AND TREATMENT

The Department will provide all necessary counseling and treatment to pregnant inmates to ensure they are receiving the proper care. To accomplish this, the following shall occur:

- (a) The directions of the obstetric specialist shall be followed throughout the pregnancy and postnatal period. No non-medical staff has the unilateral authority to change or overrule an order or care recommendation made by the Health Care Authority. The Director and Health Care Authority shall develop a process by which perceived conflicts between medical orders/recommendations and safety and security interests of the jail can be discussed and resolved. Ultimately, the jail must provide adequate treatment for an inmate's medical needs.
- (b) The Health Care Authority shall be consulted immediately if a patient is under 10 weeks gestation and has medical concerns.
- (c) Any pregnant inmate with medical problems that occur between scheduled obstetric appointments shall be seen by a qualified health care professional. If the qualified health care professional assesses the problem as urgent and a physician is not available on-site, the inmate shall be sent to the hospital for evaluation.
- (d) The inmate shall be advised to notify health-trained staff immediately of the following:
 1. Vaginal bleeding
 2. Acute, persistent abdominal or pelvic pain and/or severe cramping
 3. Leaking fluid

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Health Care for Pregnant Inmates

4. Decreased or no fetal movement
 5. Headache or blurred vision
 6. Rapid weight gain with swelling (edema)
 7. Abnormal vaginal discharge
 8. Symptoms of a urinary tract infection (UTI)
 9. Fever
- (e) Postpartum examinations and additional appointments shall be scheduled by the obstetric clinic as needed.
- (f) Upon request of the inmate, reasonable efforts should be made to provide midwifery or doula services to inmates who are pregnant or who have given birth within the last six weeks (RCW 70.48.135).

705.6 RESTRAINTS

Inmates who are known to be pregnant or who are in labor shall not be placed in restraints except as provided in the Use of Restraints Policy.

705.7 ABORTIONS

Inmates who wish to terminate their pregnancy shall be referred to outside counseling services for further information regarding available options. The Department shall not impede the woman's access to abortion counseling or services and shall provide necessary transportation and supervision to such services. Any financial obligations will be the responsibility of the inmate. Medical staff will notify the inmate of these rights.

705.7.1 STAFF INVOLVEMENT

Staff members who object to facilitating an inmate's elective abortion (including arranging, transporting, security) should not be required to perform such duties.

705.8 PRESENCE DURING LABOR AND DELIVERY

Members are not permitted in the room during labor or childbirth unless requested by medical personnel. Should medical personnel request the presence of a member of the facility, a female member should respond, if practicable (RCW 70.48.500(4)).

Inmate Medical Fees

706.1 PURPOSE AND SCOPE

The purpose of this policy is to provide facility staff and qualified health care professionals with the information necessary to educate newly processed inmates on the procedures and their responsibilities for inmate medical fees at the time of intake.

706.2 POLICY

It is the policy of this department that all individuals booked into and held at the facility shall be informed of the guidelines associated with inmate medical fees. All inmates will be advised of the guidelines in the inmate handbook. This information will be conveyed in a language that is easily understood by the inmate.

The inmate medical fee shall be waived for any service that is provided by medical staff, including follow-up appointments, mandated health screening, work clearance, chronic care and mental health care.

It is the policy of this department that necessary medical services will not be denied or delayed because of disputes over the cost of medical care or a determination of financial responsibility (RCW 70.48.130).

706.3 INMATE MEDICAL FEE GUIDELINES

- (a) Inmates who require outside medical care may be required to pay a portion or all of their medical expenses.
- (b) All inmate health services inside the jail shall be exempt from medical fees.

Any incident of an inmate refusing medical treatment or causing a disruption in the delivery of health care services shall be documented with a refusal for healthcare form.

706.4 FEE APPEAL PROCESS

Inmates charged for health services shall be permitted to challenge the fee in accordance with the Inmate Grievances Policy.

Health Authority

707.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the responsibility of the health authority for arranging for all levels of health services, assuring the quality of all health services, identifying lines of medical authority for the inmate health program and assuring that inmates have access to all health services.

The policy also establishes properly monitored processes, policies, procedures and mechanisms to ensure that the scope of services is adequately and efficiently delivered.

The health authority is defined as the Health Care Authority, health care manager and/or health agency responsible for providing all health care services or coordinating the delivery of all health care services (see the Health Care Administrative Meetings and Reports Policy).

707.2 POLICY

The health authority is responsible and accountable for all levels of health care, and has the final authority regarding clinical issues within this jail. The health authority is responsible for establishing, implementing and annually reviewing/revising policies for all clinical aspects of the health care program and for monitoring the appropriateness, timeliness and responsiveness of care and treatment. The health authority also approves all medical decisions and protocols.

707.3 SELECTION PROCESS

The Director or the authorized designee shall select a health authority using an existing department procurement or selection process. The individual or organization selected shall be designated as the health authority for inmate health care on behalf of the facility.

Aside from any monetary or term considerations, the contract between the Department and the selected individual or organization shall minimally include:

- (a) Language establishing the scope of services being contracted and the type of health care service needed.
- (b) Job descriptions, minimum qualifications, and performance expectations for contract personnel.
- (c) Language requiring the contractor to develop appropriate measures and review processes for assessing the quality, effectiveness, and timeliness of the services provided, and periodically reporting those findings to the facility.
- (d) Identification of a Health Care Authority, who shall serve as the medical authority on treatment matters requiring medical expertise and judgment.
- (e) Language regarding the minimum frequency that the health authority shall be present at the facility.
- (f) The roles and responsibilities of staff in ensuring that the contractor may adequately deliver services in a safe and secure environment.
- (g) A written plan for coordinating medical care from multiple health care services.

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Health Authority

1. The plan should include procedures for making inmate medical records available to a managed health care system as permitted by RCW 70.48.100.
- (h) A written plan for the collection and maintenance of inmate health records that is compliant with the Health Insurance Portability and Accountability Act (HIPAA).
- (i) Identification of a dispute resolution process for the contracted parties and for inmates who may be questioning treatment plans.
- (j) Language and a plan addressing issues of liability and indemnification for issues related to inmate health care.

The health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operation of the health services program. If the health authority is other than a physician, any final clinical judgments shall rest with a single, designated, Health Care Authority.

The health authority or the authorized designee will meet at least monthly with custody representatives to discuss the health care program and any issues that require correction or adjustment.

Security regulations are applicable to facility staff and health care personnel.

707.4 PROVISION OF HEALTH CARE

The health authority is responsible for arranging the availability of health care services. The qualified health care professionals should determine what medical services are needed on a case-by-case basis. The Director shall provide the administrative support for making the health care services available to inmates. Clinical decisions are the sole province of the qualified health care professionals and should not be countermanded by non-health care professionals.

If routine health services are provided by medical personnel outside this facility, all department policies regarding treatment, transfer, transportation or referral of emergencies shall be followed.

Health Appraisals

708.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process for conducting health appraisals on all inmates following their arrival at this facility and for the continuity of care for inmates who remain in custody for extended periods. Further, it is to ensure the inmate's health care needs are met and that health care started at one facility continues as needed.

708.2 POLICY

It is the policy of this department that all inmates may receive a comprehensive health appraisal within 14 days of incarceration unless there is documented evidence that the inmate has received a health appraisal within the previous 90 days.

708.3 INITIAL HEALTH APPRAISAL

- (a) Qualified health care professionals shall have access to the daily inmate roster. From this, they can determine who needs a health appraisal and hands-on physical evaluation. The health appraisal should include:
 - 1. A review of earlier medical screening information.
 - 2. Recording of height and weight.
 - 3. Recording of vital signs (blood pressure, pulse, respiration rate and temperature).
 - 4. Ordering other tests or examinations as appropriate.
 - 5. The collection of any additional data needed to complete medical, dental, psychiatric.

The Health Care Authority shall review and authorize all health appraisals within 7 days and schedule a physical to initiate treatment or therapy, as appropriate.

708.3.1 PRISON RAPE ELIMINATION ACT (PREA) SCREENING FOLLOW-UP

Inmates who have an identified history of sexual victimization shall be offered a follow-up meeting with a qualified health care professional or mental health provider within 14 days of intake screening (28 CFR 115.81).

708.3.2 OPIOID USE DISORDER

Individuals who are experiencing an opioid use disorder will be provided with opioid treatment medications pursuant to the procedures developed by the health authority and in compliance with the requirements of RCW 71.24.599.

Prior to the release of the inmate receiving opioid treatment medication, the health authority will connect the inmate to an appropriate provider or treatment site in the geographic region where the inmate will reside. If a connection is not possible, the health authority should document the efforts made in the inmate's file (RCW 71.24.599).

Healthy Lifestyle Promotion

709.1 PURPOSE AND SCOPE

The purpose of this policy is to affirm the Department's commitment to promote healthy lifestyle choices by inmates by providing health education and inmate self-care learning opportunities that include classes, audio and video presentations and brochures and pamphlets.

709.2 POLICY

This department will encourage inmates to maintain a healthy lifestyle by providing health education and wellness information.

709.3 HEALTH CARE ENCOUNTERS

During health care encounters, the qualified health care professionals should instruct inmates at the time service is rendered on how to avoid preventable diseases, such as athlete's foot, flu and the common cold, tooth decay and sexually transmitted diseases. Such instruction should be documented in the health record. Documentation should include the topics discussed, the written materials provided, if any, and that the inmate acknowledged an understanding of the information.

Following are examples of appropriate topics for inmate education:

- Access to health care services
- Dangers of self-medication
- Personal hygiene and dental care
- Prevention of communicable diseases
- Education, smoking cessation
- Family planning
- Self-care for chronic conditions
- Self-examination for health concerns
- The benefits of physical fitness
- Chronic diseases and disabilities
- Counseling in preparation for release
- Domestic violence
- Medications
- Nutrition
- Sexually transmitted diseases
- Substance abuse
- Tuberculosis

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Healthy Lifestyle Promotion

709.4 GENERAL HEALTH PROMOTION INFORMATION

Whenever possible, written materials, audio and video presentations should be made available to inmates for educational purposes. These materials are often available in bulk quantity through the public health department and other community-based organizations.

All items intended for distribution to the inmate population shall be approved by the Director to avoid any conflict with rules regarding contraband in the facility.

All documentation regarding health education and inmate self-care should be retained in inmate medical files in accordance with established records retention schedules.

Transfer Screening

710.1 PURPOSE AND SCOPE

This policy recognizes that inmates are frequently transferred within the correctional authority's system and to facilities outside the system. This policy establishes a process for medical screening of transferred inmates to ensure continuation of care and to avoid unnecessary diagnostics.

710.2 POLICY

It is the policy of this department that inmates who are transferred to another jail, correctional system or health care facility, that the medical needs of the inmate will be clearly communicated to the receiving facility, including the ongoing treatment plan, scheduled surgeries and outside appointments.

Inmates who are transferred to other facilities shall be sent with a discharge summary that includes information about the inmate's medical and mental health condition, the current treatment plan and any medications, if needed.

710.3 TRANSFERS

Any inmate being transferred to another correctional facility should be sent with all pertinent medical information,

The medical transport information should include:

- (a) A determination of whether the inmate is being treated for a medical, mental health or dental problem.
- (b) A determination of whether the inmate has any apparent, current medical, mental health or dental needs or complaints (RCW 70.48.245).
- (c) What medication, if any, the inmate is presently prescribed.
- (d) Whether the inmate has any evidence of abuse or trauma.
- (e) Whether the inmate has any physical deformities or special daily living assistance needs.
- (f) The inmate's classification and clearance status (i.e., general population, segregation).
- (g) Whether the inmate has any pending follow-up appointments or requirements.

Completed discharge summaries, including any medical screening results, shall accompany inmates being transferred to another department's jurisdiction to ensure that the receiving health care service can assume and continue necessary care. A release of information authorization is not required.

If the receiving facility requests a copy of the medical record, it will be supplied within five working days.

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The discharge summary and any related medical records being transferred shall be placed in a file or envelope that maintains the confidentiality of the inmate's medical information. The transporting personnel shall be provided separate written instructions regarding medication or health interventions, including necessary precautions that are required en route.

710.3.1 EXTENDED TRANSPORTATION OF INMATES

When an inmate will be in transfer status for several days and housed temporarily at various custody facilities along the way, a medical transfer packet shall be prepared by the qualified health care professional in a form that will advise the temporary housing facilities of any medical needs of the inmate. When medically appropriate, a small supply of medication should be provided with the medical transfer packet so it will be available to the temporary housing facility as needed.

710.4 RECEIVING TRANSFERRED INMATES

Where an inmate being transferred to this facility arrives without a full and comprehensive medical transfer packet from another facility, the inmate shall be medically screened and receive a comprehensive health appraisal, in accordance with the Medical Screening Policy and Health Appraisals Policy. The medical department of the sending facility should be promptly contacted to determine if the transferred inmate has any medical needs that require immediate attention or any scheduled surgeries or appointments with community health care services. Arrangements should then be made with the sending facility for the delivery of a more detailed review of the inmate's medical needs.

Medical Screening

711.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a medical screening process for newly booked inmates so that medical, mental health and dental issues are properly identified and addressed, and to obtain a medical clearance when necessary.

711.2 POLICY

It is the policy of this department that a medical screening be performed on all inmates upon arrival at the intake area to ensure that existing, emergent and urgent health care, dental or mental health needs are identified, risks are assessed and inmates with contagious and communicable diseases are properly classified and housed for their health and the health of the general population.

711.3 ELEMENTS OF MEDICAL SCREENING

The medical screening shall be performed by health services personnel when available, but may also be performed by health-trained correctional staff. The Health care manager, in cooperation with the Director, shall establish protocols for use by health-trained correctional staff during the medical screening. All completed medical screenings should be forwarded to the medical staff. A review of any positive finding shall be performed by a qualified health care professional.

Regardless of training, no inmate should be allowed to conduct health care evaluations or provide treatment to any other inmate.

All inmates shall complete a medical screening as part of the booking process. If an arrestee refuses to cooperate with the medical screening, the screener will complete as much of the health assessment as reasonably possible.

The Health Care Authority should work cooperatively with the Director to develop the medical screening forms, which should be applicable for general health, mental health and suicide screening purposes. The forms should be completed no later than 24 hours after the arrival of an inmate but prior to an inmate being housed in the general population. All medical screening forms shall be forwarded to the medical unit, and the qualified health care professionals shall be alerted to those that need priority attention.

711.3.1 MEDICAL SCREENING INQUIRY

The medical screening inquiry should include a review of the inmate's prior jail medical record, if any, and document the following:

- History of any infectious or communicable diseases that are considered serious in nature; current symptoms, treatment or medications; chronic illness or health issues, including communicable diseases or and any special health requirements and/or dietary needs
- Acute dental problems

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- Past and recent serious communicable disease symptoms (e.g., chronic cough, coughing up bloody sputum, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)
- Mental illness, including psychiatric hospitalizations within the last three months
- Gender issues
- History of or current suicidal ideation
- Acute allergies
- History of or current prescription or illegal drug use, including the time of last use
- History or current symptoms of substance abuse withdrawal
- Current, recent or suspected pregnancy; any history of gynecological problems and present use and method of birth control
- Appearance or history of developmental disability, body deformities or other physical abnormalities
- Other health issues as identified by the Responsible Physician

The medical screening shall also seek general information about the inmate's ability to pay for medical care, including insurance or other medical benefits or resources to which an inmate is entitled (RCW 70.48.130).

Qualified health care professionals should assist in developing specific mental health medical screening questions and should provide training in analyzing inmate responses.

Should the medical screening identify a need for a more comprehensive medical assessment of the inmate, a qualified health care professional should initiate appropriate follow-up action, which may include transporting the inmate to an off-site medical facility.

711.3.2 MEDICAL SCREENING OBSERVATION

The staff member completing the medical screening shall document the following observations:

- (a) Appearance (e.g., sweating, tremors, anxious, disheveled)
- (b) Behavior (e.g., disorderly, appropriate, insensible)
- (c) State of consciousness (AVPU):
 - 1. Alert - spontaneously responsive
 - 2. Verbal - requires verbal stimulation to respond
 - 3. Pain - requires painful stimulation to respond
 - 4. Unresponsive - does not respond
- (d) Ease of movement (e.g., body deformities, gait)
- (e) Breathing (e.g., persistent cough, hyperventilation)

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- (f) Skin (e.g., lesions, jaundice, rashes, infestations, bruises, scars, recent tattoos, needle marks or other indications of drug abuse)
- (g) Any other observable health symptoms

The Director and the Health Care Authority should develop a procedure through which it can be reliably determined what prescription medications the inmate is taking and the medical urgency for continuing those medications without interruption.

711.3.3 DOCUMENTATION

Written documentation of the medical screening should include the name of the screener, the date and the following information:

- Immediate referral to a medical or mental health professional
- Guidance regarding housing placement, including disciplinary detention if necessary
- Guidance regarding activity limitations and work assignment
- The inmate's responses to questions asked by the interviewer
- Other individualized observations and recommendations

The initial medical screening should become part of the inmate's medical record and should be retained in accordance with established records retention schedules.

711.4 MEDICAL SCREENING DISPOSITIONS

Persons who are brought to the facility who are obviously in need of immediate medical attention shall be referred to a medical facility or on-duty medical staff for a medical clearance. Medical conditions that require a medical clearance include, but are not limited to, the following:

- Unconsciousness
- Uncontrolled bleeding
- Significant injuries from a motor vehicle accident
- Significant injuries from an altercation
- Significant injuries from handcuffs or other restraint devices
- Knife wounds, gunshot wounds, or lacerations
- Exposure to pepper spray, Conducted Energy Weapon (CEW) deployment or blunt force trauma during arrest
- Intoxication to a degree that the individual cannot speak coherently or stand or walk unaided
- Recent drug overdose
- Suspected or known complications of pregnancy
- Active seizures
- Suspected or known complications of diabetes

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- Exhibiting behavior indicating a potential danger to themselves or others
- Active tuberculosis or other serious contagious diseases
- Actively suicidal
- Recent COVID-19 test with symptoms
- Any other medical condition, which, in the opinion of the booking personnel, should be urgently referred for evaluation by medically trained personnel

Inmates with these medical conditions are not suitable for admission to the facility until medically cleared by a qualified health care professional. This department requires medical clearance from an outside entity when such inmates are identified.

Medical clearance documentation shall include the medical diagnosis, treatment received at the emergency medical facility, any medications prescribed, any ongoing medical requirements and any follow-up medical care that may be indicated before the arrestee is accepted for booking.

The Director is responsible for notifying local police agencies and medical facilities of the jail admission refusal policy and the required clearance documentation.

Based upon the information obtained during the screening process, the classification disposition of the inmate shall be one of the following:

- General population, or other appropriate cell assignment
- General population, or other appropriate cell assignment and timely referral to appropriate health care services
- Immediate referral to health care services prior to housing

711.5 HEALTH APPRAISAL

Generally, a comprehensive health appraisal should occur within 14 days of booking (see the Health Appraisal Policy). However, when it is appropriate and based on an inmate's health condition, an early health appraisal should be recommended. An inmate may also be cleared for housing in general population with a prompt referral to the appropriate health care services when it is in accordance with the inmate's overall classification. Upon the identification of a mentally disordered inmate, a physician's opinion will be secured within 24 hours, or next sick call, whichever is earliest.

Mental Health Services

712.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all inmates have access to mental health services and that inmates identified as needing these services are referred appropriately.

712.1.1 DEFINITION

Definitions related to this policy include:

Mental health services - A variety of psycho-social and pharmacological therapies, either individual or group, including biological, psychological and social therapies to alleviate symptoms, attain appropriate functioning and prevent relapse.

712.2 POLICY

It is the policy of the Chelan County Regional Justice Center that mental health services shall be available for any inmate who requires or requests them.

712.3 MENTAL HEALTH SERVICES

The Mental Health Coordinator should collaborate with the local public and private organizations that offer mental health services, treatment and care to those inmates in need of such services.

Such services may include:

- Assistance with mental health screening, diagnosis and care, including intake screening.
- Referral to services for the detection, diagnosis and treatment of mental illness and follow-up care after release from custody.
- Crisis intervention and the management of psychiatric episodes.
- Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
- Psychotropic medication management, with collaboration of medical services
- Suicide prevention.
- Segregation rounds by qualified health care professionals.
- Treatment of severe adjustment disorders.
- Referral, transportation and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment or housing capability of the facility.
- Obtaining and documenting informed consent.
- Release planning services.

712.4 BASIC MENTAL HEALTH SERVICES

Inmates may be referred to qualified health care professionals through a variety of methods, which include the medical screening process, the mental health intake appraisal process and self-referral

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or staff referral. Qualified health care professionals should respond to all referrals in a timely manner and initiate the appropriate treatment services.

- (a) If the inmate has received previous mental health treatment, the inmate should be asked to complete a release of information form so his/her treatment records can be obtained.
- (b) Inmates who have been determined to be in need of ongoing mental health services after their release from this facility should be provided with information about community mental health treatment resources. Arrangements for more comprehensive mental health care may be made, if appropriate.
- (c) Inmates who are identified as being developmentally disabled should be evaluated for special housing needs. The qualified mental health professional should work in cooperation with classification personnel to establish the best reasonably available housing option.
- (d) Inmates who are suspected or known to be developmentally disabled should receive a mental health appraisal by the qualified mental health professional as soon as reasonably practicable but no later than 48 hours after booking. Inmates who are developmentally disabled should be referred, where appropriate and available, for placement in non-correctional facilities or in units specifically designated for housing the developmentally disabled.
- (e) Inmates enrolled in mental health treatment, including psychiatric medication management, should be provided information regarding the risks and benefits to treatment. Informed consent documents should be signed by the inmate to establish his/her consent to treatment. The signed forms should be placed in the inmate's health record and retained in accordance with established records retention schedules.
- (f) A treatment plan should be established for all inmates enrolled in mental health services.
 - 1. Psychiatric and special needs treatment plans shall be reviewed at least every 180 days. Inmates taking psychotropic medication should be seen by a psychiatrist at least every 90 days. Inmates classified as requiring mental health special needs should be seen at least monthly by a mental health care professional.
 - 2. Inmates enrolled in other ongoing forms of mental health treatment should have treatment plan updates completed at least every six months.
 - 3. Inmates who present to the qualified mental health professional as having notable difficulty adjusting to the correctional environment, but who are not diagnosed with a serious mental illness, should be evaluated for the appropriateness of mental health treatment.
 - 4. Mental health care professional and the facility staff working together to address the issues that may be affecting the inmate's ability to adjust to incarceration.
- (g) The qualified mental health care professional should utilize a site-specific suicide prevention program to ensure the safety of inmates who present with a risk of self-harm.

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1. Qualified mental health care professionals should be assigned to weekly rounds in the segregation unit to determine the mental health status of inmates housed there.
 2. Segregated inmates may be referred by the jail staff to qualified mental health care professionals for follow-up if concerns arise regarding their ability to function in disciplinary detention.
- (h) If the qualified mental health care professional has concerns about the level of mental health services that are required to manage an inmate housed in the facility, the health authority shall be notified and the Mental Health Coordinator shall be the decision-maker regarding the health care needs of the inmate.
1. The Mental Health Coordinator may consult with a psychiatrist, specialist or other health care service in determining whether the inmate should be transferred to a facility that is better equipped to handle the inmate's psychiatric needs.
 2. The Mental Health Coordinator should notify the jail Director of the request to transfer the inmate for psychiatric treatment.
 3. The case review and disposition of the patient should be documented in the inmate's health record and retained in accordance with established records retention schedules.

Inmates determined to be in need of substance abuse treatment services should be informed of the facility programs available and shall be provided information about community substance abuse treatment resources.

712.5 COMPETENCY EVALUATIONS AND RESTORATION SERVICES

The Mental Health Coordinator shall ensure competency evaluators have reasonable, timely, and appropriate access to inmates for the purpose of performing their evaluations (RCW 10.77.078).

If an offer of admission for competency evaluation or restoration services is received for an inmate, the Mental Health Coordinator shall ensure the inmate is transported to a facility designated by the Washington Department of Social and Health Services within one day of receipt (RCW 10.77.078).

Mental Health Screening and Evaluation

713.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process by which all inmates receive an initial mental health screening by qualified mental health staff or trained custody staff using an instrument developed by qualified health care professionals. The initial mental health screening takes place at the time of booking, and is for the safety of the inmate and the general population. It helps the custody staff to make appropriate classification and housing decisions and to ensure that the treatment and intervention needs of the inmate are met.

713.2 POLICY

It is the policy of the Chelan County Regional Justice Center that all individuals booked into the facility shall receive an initial mental health screening by a qualified mental health professional, qualified mental health staff or trained custody staff. A more comprehensive mental health appraisal shall be conducted within the first 14 days of incarceration to confirm the initial findings and to ensure that, if needed, an appropriate treatment plan that meets the individual needs of the inmate is in place.

713.3 MENTAL HEALTH SCREENING

The initial screening is designed to identify whether mental health conditions exist that require immediate or ongoing intervention. The screening shall be performed prior to the inmate being placed in general housing and should include:

- (a) Inquiry into whether the inmate is or has:
 - 1. Thoughts or history of suicidal behavior.
 - 2. Been prescribed or is taking any psychotropic medication or antidepressants.
 - 3. Being treated for mental health issues.
 - 4. A history of psychiatric treatment.
 - 5. A history of substance abuse or been treated for substance abuse.
- (b) Any observation of:
 - 1. Appearance and behavior.
 - 2. Abuse, injury or trauma.
 - 3. Symptoms of aggression, depression or psychosis.
- (c) A determination of whether the inmate is cleared for or referred to:
 - 1. General housing.
 - 2. General housing with mental health referral.
 - 3. Mental health emergency treatment.

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This information shall be recorded on the medical screening form. It will become part of the inmate's health record and be retained in accordance with established records retention schedules.

713.4 MENTAL HEALTH INTAKE -

All new inmates shall receive a mental health intake by a qualified mental health professional within 14 days, unless documentation exists that an appraisal has been completed within the previous 90 days. Mental health appraisals should include, but not necessarily be limited to the following assessments:

- Mental health status
- Suicide potential
- Violence potential
- Previous psychiatric treatment
- Any history of treatment with psychotropic medication or antidepressants
- Substance abuse or treatment for substance abuse
- Educational history
- Sexual abuse victimization (28 CFR 115.81)
- Predatory behavior or perpetrated sexual abuse (28 CFR 115.81)

Following the intake, the qualified mental health professional shall develop a treatment plan for the inmate and make recommendations regarding the inmate's housing, job assignment and program participation, including case management.

713.5 MENTAL HEALTH REFERRALS

Qualified mental health staff should administer a complete and thorough evaluation of inmates referred for treatment as soon as practicable, but no later than 14 days from the referral. The evaluation should include:

- Review of the inmate's screening and appraisal information.
- Observations of the inmate's behavior.
- Information gathered from interviews and testing to determine the inmate's mental health condition, intellect, personality, problems and ability to deal with a custody environment.
- Collection of the inmate's mental health history.

Following the evaluation, a plan of treatment and maintenance, which may include a complete psychological evaluation, should be developed to meet the inmate's needs.

Special Needs Medical Treatment

714.1 PURPOSE AND SCOPE

This purpose of this policy is the proper treatment and management of inmates with chronic diseases and special needs. This is accomplished by utilizing nationally recognized, generally accepted clinical guidelines and establishing communication between qualified health care professionals and custody personnel.

714.1.1 DEFINITIONS

Definitions related to this policy include:

Chronic disease - An illness or condition that affects an individual's well-being for an extended interval, usually at least six months, and generally is not curable but can be managed for optimum functioning within any limitations the condition creates in the individual.

Chronic disease program - The inmate has regular clinic visits during which a qualified health care professional monitors the medical condition and adjusts treatment as necessary. The program also includes patient education for symptom management.

714.2 POLICY

It is the policy of this department that all individuals identified as having chronic diseases or special needs are enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function/following Chelan County Regional Justice Center medical department protocols.

When a qualified health care professional recognizes that an inmate requires accommodation due to a special need, custody personnel should be notified in writing in by documenting in spillman. Consultation between the qualified health care professional and custody personnel should occur regarding the condition and capabilities of inmates with known special needs prior to a housing, work or program assignment, transfer to another facility or the imposition of disciplinary action.

Qualified health care professionals shall furnish special needs information regarding inmates to custody personnel in order for them to accurately classify and house inmates in the facility. It is the responsibility of the Director or the authorized designee to ensure that inmates with special needs are receiving the proper care and that their needs are effectively communicated to custody staff for appropriate accommodation.

714.3 CLINICAL PRACTICE GUIDELINES

The Health Care Authority or the authorized designee is responsible for establishing and annually reviewing clinical protocols to ensure consistency with the National Clinical Practice Guidelines.

714.4 DOCUMENTATION/MEDICAL CHARTS

Documentation in an inmate's medical record should include information regarding the chronic disease protocols deployed, who is responsible for the various protocols, the extent to which the chronic disease protocols are being followed and should include, but not be limited to:

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- The frequency of follow-up for medical evaluation.
- How the treatment plan was adjusted when clinically indicated.
- The type and frequency of diagnostic testing and prescribed therapeutic regimens.
- The prescribed instructions for diet, exercise, adaptation to the custody environment and medication.
- Clinical justification of any deviation from the established protocol.

714.5 CHRONIC CARE PROGRAM

- (a) Newly incarcerated inmates shall receive a medical screening. This screening includes the documentation of any acute or chronic health problems or injuries, special needs, and any medications or treatments the inmate is currently receiving.
 1. If the inmate has been incarcerated previously, his/her health records should be reviewed.
 2. Any special needs communication should be sent to the classification unit, the Sergeant and the housing officer to ensure the inmate is properly housed. (communication between medical/class)
 3. Current medications being taken by the inmate should be verified and continued as deemed appropriate by the Health Care Authority.
 4. A health assessment shall be completed within 14 days of incarceration. A physical examination should be conducted after 1 year of incarceration.
 5. The status of a special needs inmate should be evaluated, at minimum, every 90 days to determine the need for the continued designation.
- (b) The Director or the authorized designee and the Health Care Authority or the authorized designee should consult with one another prior to taking action regarding any special needs inmate with regard to housing, program or work assignments, disciplinary measures or transfers to other facilities.
 1. When immediate action is required and prior consultation is not reasonably practicable, that consultation should occur as soon as practicable but no later than 72 hours post-action.
- (c) Individual treatment plans are used to guide treatment for episodes of illness. The format for treatment planning may vary, but should include, at a minimum:
 1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
 2. The type and frequency of diagnostic testing and therapeutic regimens.
 3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and medication.
- (d) Reasonable effort should be made to obtain health information and records from previous health care services, with the consent of the inmate, when the inmate has a medical problem that was being treated prior to incarceration.

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- (e) Upon transfer to another correctional facility, a summary of the inmate's current condition, medications and treatment plan will be forwarded to the receiving facility in a sealed envelope to maintain inmate privacy.
- (f) Requests for health information from community health care services must be submitted with the inmate's written consent. If the inmate does not consent, the community health care service may be advised that the person is an inmate and the health information may not be provided without the inmate's written consent.
- (g) When inmates are sent out of this facility for emergency or specialty treatment, written information regarding the inmate's current medical status and treatment should accompany the inmate. Upon return to the facility, treatment recommendations from outside health care services should be reviewed by the Health Care Authority or the authorized designee for any changes in the custodial environment or in-house treatment plan.
- (h) Inmates identified as developmentally disabled shall be considered for discharge planning services.
 - 1. The local center for the developmentally disabled will be contacted within 48-72 hours of incarceration of an inmate suspected to be developmentally disabled. (Leslie/Sara)
 - 2. Referrals will be made to the jail's discharge planning specialist. If no such position exists, the need for transition planning should be noted on the treatment plan.
- (i) With the inmate's written consent, the health services staff should:
 - 1. Share necessary information with outside health care services.
 - 2. Arrange for follow-up appointments.
 - 3. Arrange for transfer of health summaries and relevant parts of the health record to health care services or others assisting in planning or providing for services upon release.
- (j) Contacts with community providers should be documented via an administrative note in the patient's health record.
- (k) Patients with serious mental health issues, including those receiving psychotropic medication, will be informed about community options for continuing treatment and provided with follow-up appointments when possible.
- (l) Medications should be provided as appropriate.

Communicable Diseases

715.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for facility staff to assist in minimizing the risk of contracting and/or spreading communicable diseases. The policy offers direction in achieving the following goals:

- (a) Managing the risks associated with bloodborne pathogens (BBP), aerosol transmissible diseases (ATD) and other potentially infectious substances.
- (b) Providing appropriate treatment for ill inmates while minimizing the risk of the spread of disease.
- (c) Making decisions concerning the selection, use, maintenance, limitations, storage and disposal of personal protective equipment (PPE).
- (d) Ensuring proper reporting to local, state and federal agencies.
- (e) Establishing procedures for the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment and follow-up care for new inmates, and for inmates or employees who have contracted a communicable disease from an ill inmate.
- (f) Providing appropriate treatment, counseling and confidentiality should an employee become exposed to a communicable disease.
- (g) Protecting the privacy rights of all personnel who may be exposed to or contract a communicable disease during the course of their duties.

715.1.1 DEFINITIONS

Definitions related to this policy include:

Aerosol transmissible disease (ATD) - A disease or pathogen for which droplet (whooping cough, influenza, streptococcus) or airborne (measles, chickenpox, tuberculosis) precautions are required.

Aerosol transmissible disease (ATD) exposure - Any event in which all of the following have occurred:

- An employee has been exposed to an individual who has or is suspected to have an ATD, or the employee is working in an area or with equipment that is reasonably expected to contain aerosol transmissible pathogens associated with an ATD.
- The exposure occurred without the benefit of applicable exposure controls required by this section.
- It reasonably appears from the circumstances of the exposure that transmission of disease is likely sufficient to require medical evaluation.

Airborne precautions - These include the use of an Airborne Infection Isolation Room (AIIR) that meets the American Institute of Architects/Facility Guidelines Institute (AIA/FGI) standards for

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AIIRs, for infectious agents such as measles, chickenpox, and tuberculosis, in addition to medical personnel wearing masks or respirators.

Bloodborne pathogens (BBP) - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Bloodborne pathogen exposure - Includes but is not limited to the contact of blood or other potentially infectious materials with the eyes, mouth, other mucous membranes, non-intact skin, needle sticks, human bites, cuts, abrasions, or any contact with blood or bodily fluids that is synonymous with BBP exposure as defined by the federal Centers for Disease Control and Prevention (CDC).

Ectoparasitic infections - Parasites that live on the skin, such as lice (pediculosis) and scabies (sarcoptic mange). Both infections are communicable and may lead to secondary infections.

HBV - Hepatitis B

HIV - Human immunodeficiency virus

Medical isolation - Housing in a separate room with a separate toilet, hand-washing facility, soap, and single-service towels, and with appropriate accommodations for showering.

NIOSH - National Institute for Occupational Safety and Health

Nosocomial - Acquired during hospitalization. Nosocomial infections are infections that present 48 to 72 hours after admission to a hospital.

OSHA - Occupational Safety and Health Administration

Personal protective equipment (PPE) - Respiratory equipment, garments, gloves, and other barrier materials designed to reduce employee exposure to hazards.

Source control measures - The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD.

Standard precautions - Infection control practices used to prevent the transmission of disease that can be acquired by contact with blood, bodily fluids, non-intact skin (including rashes), and mucous membranes. Applies to all inmates receiving care, regardless of diagnosis or presumed infection status.

Universal precautions - A set of precautions designed to prevent transmission of HIV, HBV, and other BBP when providing first aid or health care.

715.2 POLICY

It is the policy of this department to maintain an effective program that focuses on the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment, follow-up and proper reporting to local, state and federal agencies of communicable

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diseases. The program is designed to ensure that a safe and healthy environment is created and maintained for all occupants of the facility.

715.2.1 EXPOSURE CONTROL OFFICER

The Director shall designate an Exposure Control Officer (ECO) who shall be responsible for:

- (a) Establishing written procedures and a training program related to BBPs.
- (b) Establishing written procedures and a training program related to ATDs.
- (c) Establishing written procedures to comply with reporting requirements in the Washington Industrial Safety and Health Act (RCW 49.17.010 et seq.; WAC 296-800-110 et seq.).
- (d) Working with the Director to develop and administer any additional related policies and practices necessary to support the effective implementation of an Exposure Control Plan.
- (e) Acting as a liaison during OSHA inspections and conducting program audits to maintain a current Exposure Control Plan.
- (f) Maintaining a current list of facility staff requiring training, developing, and implementing a training program, maintaining class rosters and quizzes, and periodically reviewing the training program.
- (g) Reviewing and updating the Exposure Control Plan annually, on or before January 1 of each year.

Supervisors are responsible for exposure control in their respective areas. They shall work directly with the ECO and the affected employees to ensure that the proper procedures are followed.

715.2.2 PROCEDURES

The ECO shall be responsible for establishing, implementing and maintaining effective written procedures for the following:

- (a) Incorporating the recommendations contained in the CDC's "Respiratory Hygiene/ Cough Etiquette in Healthcare Settings."
- (b) Screening and referring cases and suspected cases of ATD to appropriate facilities within twelve hours of identification.
- (c) Communicating with employees, other employers and the local health office regarding the suspected or diagnosed infectious disease status of referred inmates, including notification of exposed employees.
- (d) Reducing the risk of ATDs through the Exposure Control Plan and reviewing the plan at least annually.
- (e) Reducing the risk of exposure to BBPs (HIV, hepatitis).
- (f) Providing a system of medical services for employees who may become exposed to communicable diseases during the course of their employment.

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- (g) Ensuring that all employees who have occupational exposure to communicable diseases participate in a training program at least annually thereafter, and any time there is a change in working conditions.
- (h) Making all exposure and treatment plans available for employees, employee representatives and NIOSH review.

715.3 COMMUNICABLE DISEASE PROGRAM COMPONENTS

715.3.1 OBSERVATION

Surveillance takes place throughout the period of the inmate's incarceration and is done in a variety of encounters and inspections. These should include, but are not limited to, the following:

- (a) **Medical screening** - Each newly booked inmate should be evaluated for health care needs and signs and symptoms of infectious disease. The receiving screening includes questions regarding known symptoms of TB and HBV. The individual completing the medical screening should observe the inmate for obvious signs of infection.
- (b) **Health assessment** - Inmates should have a health assessment within the first 14 days of incarceration. The health assessment process includes screening for symptoms of communicable disease.
- (c) **Periodic health assessments** - Annual testing of TB should be offered on all inmates who are in the facility for one year or more.
- (d) **Sick call and referrals** - At any time during incarceration an inmate may request to be evaluated for an infectious disease through the sick call process. Health and correctional staff can request that an inmate be evaluated if they notice any signs of potentially infectious disease.
- (e) **Contact investigation** - When an inmate housed in the general population develops symptoms of an infectious disease, the Health Care Authority should work cooperatively with the Director or the authorized designee and the public health department to provide appropriate screening and testing of potentially exposed persons.

715.3.2 IDENTIFICATION

Any inmate suspected of having a communicable disease will be evaluated by a qualified health care professional as soon as reasonably practicable. Inmates suspected of having communicable diseases will be appropriately isolated until disease confirmation and the period of communicability is determined. Long-term housing consideration will be based on the classification status as well as the behavior, medical needs and safety of inmates and staff. These inmates should be examined by a qualified health care professional within 24 hours. The instructions of the qualified health care professional regarding care of the patient and sanitizing of eating utensils, clothing and bedding shall be carefully followed.

715.3.3 TREATMENT

Qualified health care professionals shall provide care as directed by the Health Care Authority.

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- (a) The Health Care Authority and the Director should collaborate on treatment planning with the public health department, as appropriate.
- (b) Complete documentation of the signs, symptoms, diagnostic results, treatment and outcome of care provided to inmates who are suspected or confirmed as having a communicable disease should be entered into the inmate's health record.

715.3.4 COMMUNICATION

The Health Care Authority should ensure the following notifications are made whenever a communicable disease is identified:

- (a) Notification to the public health authority of all reportable diseases and conditions should be made as soon as practicable. This is done by completing appropriate forms, and if necessary, contacting the public health department directly for situations of multiple spread occurrences.
- (b) The Health Care Authority and the Director should be kept informed of any incidence of communicable disease.
- (c) The Director should be apprised of any medical situation that raises the risk of disease level for inmates, correctional officers or any other staff members.

715.3.5 EMPLOYEE TRAINING

The Health Care Authority or the authorized designee shall provide education to all correctional staff who have contact with infected inmates during the initial employee orientation and annually thereafter. The Professional Services Sergeant shall schedule this training and shall retain all associated records in accordance with established records retention schedules.

715.3.6 DATA COLLECTION AND REPORTING

The health authority should be responsible for ensuring the systematic collection and analysis of data to assist in the identification of problems, epidemics or clusters of nosocomial infections. All reportable illnesses as defined by the public health department should be reported as required.

715.3.7 STANDARD PRECAUTIONS

Standard precautions should be used by health care professionals to minimize the risk of exposure to blood and bodily fluids of infected patients. The Health Care Authority shall be responsible for establishing basic guidelines including, but not limited to:

- Washing hands or using hand sanitizer before and after all patient or specimen contact.
- Handling all blood and bodily fluids such as saliva, urine, semen and vaginal secretions as if they are known to be infectious. Where it is not possible to distinguish between fluid types, all bodily fluids are to be assumed infectious.
- Wearing gloves for potential contact with blood and other bodily fluids.
- Placing used syringes immediately in a nearby, impermeable container. Do not recap or manipulate any needle in any way.

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- Wearing protective eyewear and a mask if splatter with blood or other bodily fluids is possible.
- Handling all linen soiled with blood and/or bodily secretions as infectious.
- Processing all laboratory specimens as infectious.
- As appropriate, wearing a mask for TB and other ATDs.

715.3.8 TRANSMISSION-BASED PRECAUTIONS

Transmission-based precautions may be needed in addition to universal precautions for selected patients who are known or suspected to harbor certain infections. These precautions are divided into three categories that reflect the differences in the way infections are transmitted. Some diseases may require more than one category (RCW 70.48.480).

- (a) Airborne precautions are designed to prevent the spread of ATDs, which are transmitted by minute particles called droplet nuclei or contaminated dust particles. These particles, because of their size, can remain suspended in the air for long periods of time, even after the infected person has left the room. Some examples of diseases requiring airborne precautions are TB, measles and chicken pox.
 1. An inmate requiring airborne precautions should be assigned to a designated isolation room. The door to this room must be closed at all possible times. If an inmate must move from the isolation room to another area of the facility, the inmate should wear a mask during transport. Anyone entering the isolation room to provide care to the inmate must wear a PPE.
- (b) Droplet precautions are designed to prevent the spread of organisms that travel on particles much larger than the droplet nuclei. These particles do not spend much time suspended in the air, and usually do not travel beyond a few feet of the inmate. These particles are produced when an inmate coughs, talks or sneezes. Examples of disease requiring droplet precautions are meningococcal meningitis, influenza, mumps and German measles (rubella).
 1. All staff should wear masks within 3 feet of the inmate. Inmate movement should be restricted to the minimum necessary for effective facility operations. The inmate should wear a mask during transport.
- (c) Contact precautions are designed to prevent the spread of organisms from an infected inmate through direct (touching the inmate) or indirect (touching surfaces or objects the inmate touched) contact. Examples of inmates who might be placed in contact precautions are those infected with the following:
 1. Antibiotic-resistant bacteria
 2. Hepatitis A
 3. Scabies
 4. Impetigo
 5. Lice

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The following guide shall be used to determine the appropriate precautions that are necessary to reduce the risk of infection transmission while inmates are being transported. Inmates shall receive training on the disease transmission process and will be provided with appropriate barrier devices.

Precautions for inmate contact and transportation

	GLOVES	SURGICAL MASKS	N95 MASKS	ISOLATION GOWNS/TYVEK SUITS
Contact				
Inmate	No	No	No	No
Personnel	Yes	No	No	Yes
Droplet				
Inmate	No	Yes	No	No
Personnel	No	Yes	No	Yes
Airborne				
Inmate	No	Yes	No	No
Personnel	No	No	Yes	No

715.3.9 ENVIRONMENTAL HEALTH AND SAFETY

The Health Care Authority or the authorized designee shall conduct a monthly inspection of areas where health services are provided to verify the following:

- The equipment is inspected and maintained to the manufacturer's recommendations.
- The area is clean and sanitary.
- The appropriate measures are being taken to ensure the unit is occupationally and environmentally safe.

715.3.10 REGULATED WASTE

The Director or the authorized designee, in coordination with the Health Care Authority, will provide for the management of biohazardous materials and waste and the establishment of a protocol for the decontamination of equipment used in medical and treatment. Medical equipment decontamination shall comply with all applicable local, state and federal regulations. Precautions may include, but are not limited to:

- (a) Discarding biohazardous waste in red plastic bags marked with the word BIOHAZARD and displaying the international symbol for biohazardous material. Contaminated disposable PPE shall be discarded in these receptacles.
- (b) Used biohazard bags shall be stored in covered, rigid waste receptacles in designated locations pending biweekly removal by a biohazard waste removal contractor.
- (c) Records documenting biohazardous waste removal, shall be retained in accordance with established records retention schedules.

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715.3.11 BIOHAZARD LAUNDRY AND SHARPS

The following is how to properly handle Biohazard Laundry and Sharps.

1. The designated space for biohazard material to include Bio: Laundry and Bio Sharps (used razors) will be in booth #8 on the 2nd level of the jail.
2. A red biohazard bin and red biohazard sharps container will be located and stored in booth #8.
3. All used or contaminated biohazard sharps i.e. razors will be stored in booth #8.
4. All biohazard laundry will be placed in a red biohazard bag or clear garbage bag. The bags will be sealed (tied off) before being placed into the biohazard container. No opened or ripped bags will be placed into the container.
5. The biohazard laundry bin will be checked at least once per shift and be taken to the laundry area to be properly laundered, separately from regular jail laundry.
6. Personal clothes that are deemed to be biohazard shall be laundered immediately, or as time permits.
7. Booth #8 shall be locked and secure when not in use.

Continue to use the sharps containers that are located throughout the facility for proper disposal of sharp-related items.

715.4 ECTOPARASITE CONTROL

Ectoparasite control will be initiated, where clinically indicated, immediately following the medical screening or when the inmate manifests signs and symptoms of lice or scabies.

- (a) Any inmate who indicates parasitical infection upon entering the facility shall be treated by a qualified health care professional.
- (b) Any inmate suspected of having lice/scabies may be referred to sick call by a deputy.
- (c) An inmate may access sick call if he/she believes there is a problem with lice/scabies.
- (d) A qualified health care professional shall evaluate any inmate with a lice/scabies complaint. If there are positive findings, the inmate shall be treated for the infestation accordingly.
 1. The lice and scabies treatment guidelines will be followed by the qualified health care professional if a physician's order for administering medication is obtained.
 - (a) The prescribing physician shall be notified if the inmate is pregnant, as certain medications are contraindicated for pregnant women. An alternative topical application must be prescribed in these situations.
 - (b) Documentation in the medical record should include the patient's symptoms, observations regarding the condition, patient education and prescribed treatment.
 2. The inmate's clothing and linen shall be removed from his/her cell, placed in a plastic bag and sent to the laundry. These items are considered contaminated and must be disinfected by:

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- (a) Machine washing (hot cycle), machine drying (hot cycle), dry cleaning or ironing, or
- (b) Storage in a plastic bag for non-washable items for 10-14 days (head lice), seven days (pubic lice). This method is not recommended for body lice.
- (c) Isolation is not necessary as long as clothing and bedding are properly disinfected and inmates do not share items.
 - 1. An inmate having poor hygiene should be housed in a single cell until 24 hours after beginning treatment.
 - 2. Gloves are to be used for direct contact until the inmate has been treated and the clothing/bedding have been removed for disinfecting.
- 3. Cellmates, and any personnel having direct hands-on contact with an infected inmate should be evaluated for prophylactic treatment because of the long incubation period of the scabies parasite.

715.5 EMPLOYEE EXPOSURE CONTROL

All facility staff that may come in contact with another person's blood or bodily fluids shall follow these procedures and guidelines. For the purposes of this policy, contact with blood or bodily fluids is synonymous with BBP exposure.

All employees shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated. Disposable gloves shall be worn, if reasonably possible, before making physical contact with any inmate and when handling the personal belongings of an inmate.

Should gloves come in contact with blood or other bodily fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books or other personal items) while wearing disposable gloves in a potentially contaminated environment. All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm and handling contact lenses shall be prohibited in areas where the potential for exposure exists.

715.5.1 IMMUNIZATIONS

All facility staff members who may be exposed to, or have contact with, a communicable disease shall be offered appropriate treatment immunization. The ability of staff to provide health care services is predicated on a safe and secure working environment where employees feel safe to do their work, and assures public safety.

Staff shall also receive voluntary annual testing thereafter, at no cost to the employee.

The HBV immunization shall be available to all employees who have direct inmate contact and who test negative for HBV antibodies. The immunization is voluntary and provided at no cost to

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the employee. Employees receiving immunization and testing shall be required to sign a consent form. Employees may reverse their decision to decline at any time by signing a consent form.

715.5.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

The PPE is the last line of defense against communicable disease. Therefore, the following equipment is provided to all personnel to assist in the protection against such exposures:

- Disposable latex gloves
- Safety glasses or goggles
- Rescue mask with a one-way valve
- Alcohol (or similar substance) to flush skin

The PPE should be inspected at the start of each shift and replaced immediately after each use and when it becomes damaged.

715.5.3 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable PPE, it shall be washed or disinfected and stored appropriately. If it is not reusable (e.g., disposable gloves), it shall be discarded in a biohazard waste container.

Any PPE that becomes punctured, torn or loses its integrity shall be removed as soon as reasonably feasible. The employee shall wash up and replace the PPE if the job has not been terminated. If the situation resulted in a contaminated non-intact skin event, the affected area shall be decontaminated as described below.

A contaminated reusable PPE that must be transported prior to cleaning shall be placed into a biohazard waste bag. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container. The gloves shall be included with the waste.

715.5.4 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Personnel shall wash their hands as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used, paying particular attention to the fingernails.

If an employee's intact skin contacts someone else's blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her body with soap and warm water and/or an approved disinfectant as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee's skin are contaminated, the employee shall shower as soon as reasonably possible, using warm water and soap and/or an approved disinfectant. It is recommended that the employee seek outside medical care if needed.

Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required.

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715.5.5 DECONTAMINATION OF CLOTHING

Contaminated clothing such as uniforms and undergarments shall be removed as soon as reasonably feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as reasonably possible.

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded and replaced. The cost of replacement shall be paid according to labor contract agreements.

715.5.6 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components such as the seats, radios and doors, shall be washed with soap and warm water and disinfected with an approved germicide as soon as reasonably feasible.

715.6 SHARPS AND ITEMS THAT CUT OR PUNCTURE

All personnel shall avoid using or holding sharps (needles) unless they are assisting medical personnel or collecting them for evidence. Unless required for reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick. Disposal, when possible, shall be into a puncture-proof biohazard container.

All sharps and items that cut or puncture (e.g., broken glass, razors and knives) shall be treated cautiously to avoid cutting, stabbing or puncturing one's self or any other person. In addition, if a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Rather, use a device such as tongs or a broom and a dustpan to clean up debris. If the material must be touched, protective gloves shall be worn.

715.7 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS

In actual or suspected employee exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and to ensure the best protection and care for the employees.

715.7.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

To provide appropriate and timely treatment should exposure occur, all employees should verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. That report should be submitted to the employee's immediate supervisor. Employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases.

715.7.2 SUPERVISOR REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure that occurs as soon as reasonably possible following the incident, while gathering the following information:

- (a) Name and employee identification number of the employee exposed
- (b) Date and time of incident

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- (c) Location of incident
- (d) What potentially infectious materials were involved
- (e) Source of material or person
- (f) Current location of material or person
- (g) Work being done during exposure
- (h) How the incident occurred or was caused
- (i) PPE in use at the time of the incident
- (j) Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the employee of the laws and regulations concerning disclosure of the identity and infectious status of a source, and of information contained in this policy regarding source testing.

If the ECO is unavailable to seek testing of the person who was the source of the exposure, it is the responsibility of the exposed employee's supervisor to ensure testing is sought according to the guidelines in this policy.

715.7.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any employee who was exposed or who suspects he/she was exposed to HIV or to hepatitis B or C should be seen by a physician or qualified health care professional as soon as reasonably possible.

The doctor or qualified health care professional should be given the supervisor's report and the employee's medical records relevant to the visit and examination. The blood of the exposed employee shall be tested.

The qualified health care professional will provide the ECO and/or the Department's risk manager with a written opinion/evaluation of the exposed employee's medical condition. This opinion should only contain the following information:

- If a post-exposure treatment is indicated for the employee
- If the employee received a post-exposure treatment
- Confirmation that the employee received the evaluation results
- Confirmation that the employee was informed of any medical condition that could result from the exposure incident and whether further treatment or evaluation will be required
- Whether communicable disease testing from the source is warranted, and if so, which diseases the testing should include

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

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715.7.4 COUNSELING

The Department shall provide the exposed employee (and his/her family if necessary) the opportunity for counseling and consultation.

715.7.5 CONFIDENTIALITY OF REPORTS

Most of the information involved in this process must remain confidential. The ECO shall ensure that all records and reports are kept in the strictest confidence. The ECO shall be responsible for maintaining records containing the employee's treatment status and the results of examinations, medical testing and follow-up procedures.

The Department's risk manager shall be responsible for keeping the name and Social Security number of the employee and copies of any information provided to the consulting health care professional on file.

This information is confidential and should not be disclosed to anyone without the employee's written consent (except as required by law). Test results from persons who may have been the source of an exposure should be kept confidential as well.

715.7.6 SOURCE TESTING

Testing a person for communicable diseases when that person was the source of an exposure should be done when it is desired by the exposed member, or when it is otherwise appropriate. Source testing is the responsibility of the ECO. If the ECO is unavailable to seek timely testing of the source, it is the responsibility of the Director to ensure testing is sought.

Source testing may be achieved by:

- (a) Obtaining consent from the individual.
- (b) Filing a request with a state or local health officer to order bloodborne pathogen testing when an employee is exposed to the bodily fluids of an arrestee (RCW 70.24.340; WAC 246-100-206).
- (c) Receiving an order from the Director for bloodborne pathogen testing for a detainee at the jail (RCW 70.24.360; WAC 246-100-206).

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The ECO should seek the consent of the individual for testing and consult the County Attorney to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if the individual refuses.

Aids to Impairment

716.1 PURPOSE AND SCOPE

This policy acknowledges the high priority of inmate health and recognizes that some inmates will require adaptive devices to assist them with daily living activities on a temporary or permanent basis.

The Chelan County Regional Justice Center has established this policy for physicians and dentists to review and evaluate the need for adaptive devices, while considering facility security concerns regarding the use of such items.

When a physician or dentist determines that the medical condition of an inmate indicates that an adaptive device is clinically appropriate, the parameters of this policy will determine if authorization for the use of such items during incarceration should be granted, and if any equipment modifications are indicated for safety or security purposes.

716.1.1 DEFINITIONS

Definitions related to this policy include:

Adaptive device - Any orthotic, prosthetic or aid to impairment that is designed to assist an inmate with the activities of daily living or that is clinically appropriate for health, as determined by the Responsible Physician or dentist.

Aids to impairment - Includes, but is not limited to, eyeglasses, hearing aids, pacemakers, canes, crutches, walkers and wheelchairs.

Orthoses - Specialized mechanical devices, such as braces, shoe inserts or hand splints that are used to support or supplement weakened or abnormal joints, limbs and/or soft tissue.

Prostheses - Artificial devices designed and used to replace missing body parts, such as limbs, teeth or eyes.

716.2 POLICY

It is the policy of the Department that, in accordance with security and safety concerns, medical and dental orthoses or prostheses and other adaptive devices should be permitted or supplied in a timely manner when the health of the inmate would otherwise be adversely affected or when such devices are necessary to reasonably accommodate a disability recognized under the Americans with Disabilities Act (ADA) (42 USC § 12101 et seq.), as determined by the Health Care Authority or dentist.

716.3 FACILITY-OWNED MEDICAL EQUIPMENT

All adaptive devices belonging to the Department shall be marked, identifying them as department property.

- (a) Any medical equipment that an inmate has at the time of booking will be listed on the medical intake form for review by medical staff.

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- (b) Upon the release of an inmate, the releasing deputy shall review the medical equipment issued to the inmate and contact the medical staff for instructions regarding any department-owned adaptive device.

716.4 MEDICAL OR DENTAL ORTHOSES, PROSTHESES OR ADAPTIVE DEVICES

Subject to safety and security concerns, inmates should be permitted to retain an orthopedic, orthodontic or prosthetic appliance if it is prescribed by or recommended and fitted by a physician or dentist. However, if the appliance presents a risk of bodily harm to any person, is a risk to the security of the facility or if it is not used for its intended purpose, it may be removed and stored with the inmate's property.

The appliance shall be returned to the inmate when the risk abates. The inmate may be counseled by the qualified health care professional regarding the necessity for the appliance. The removal of the appliance shall be reported to the supervisor and documented in the inmate's medical chart and behavior log. A jail incident report may be written at the direction of the supervisor.

Within 72 hours of any removal of a prosthetic, orthodontic or orthopedic appliance, the inmate shall be examined by a physician to determine whether the removal of the adaptive device may be injurious to the health or safety of the inmate. If it is determined that the adaptive device cannot be returned because of safety or security concerns, and as a result, the health or safety of the inmate is a concern, options include:

- (a) Reclassifying the inmate to another housing unit or administratively segregating the inmate from the general population.
- (b) With physician approval, modifying the adaptive device to meet the medical needs of the inmate and the safety and security needs of the facility.
- (c) Providing the inmate with an opportunity to petition the court for the return of the device in accordance with local, state and federal law.

Once an adaptive device has been approved for use, the qualified health care professional shall enter the authorization into the inmate's health file. If the inmate requires special housing, the qualified health care professional shall document this in writing and notify custody or classification personnel appropriately.

Any prostheses that are brought to the facility by family members or others after the inmate has been incarcerated shall be subject to a security check. The facility shall accept no responsibility for loss or damage to any adaptive device.

Any repair or replacement of any adaptive device may be the responsibility of the inmate. If the adaptive device supplied or repaired is medically necessary and the inmate is indigent, funds for the repair should be sought through the Inmate Welfare Fund.

716.5 REQUESTS FOR MEDICAL AND DENTAL PROSTHESES

All requests for new or replacement medical or dental prostheses shall be individually evaluated by the Health Care Authority or dentist and reviewed for approval by the Director. Considerations for approval shall be based upon the following:

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- Medical needs of the inmate
- Anticipated length of incarceration
- Safety and security of the facility

Detoxification and Withdrawal

717.1 PURPOSE AND SCOPE

Significant percentages of inmates have a history of alcohol and/or drug abuse. Newly incarcerated individuals may enter the facility while under the influence of a substance or they may develop symptoms of alcohol or drug withdrawal. This policy is intended to ensure that the staff is able to recognize the symptoms of intoxication and withdrawal from alcohol or drugs, and that those inmates who are intoxicated or experiencing withdrawal are provided appropriate medical treatment.

This policy also identifies protocols to be used by qualified health care professionals. These protocols are appropriate for inmates who are under the influence of alcohol or drugs or who are experiencing withdrawal from any type of substance abuse.

717.1.1 DEFINITIONS

Definitions related to this policy include:

Alcohol withdrawal - A medical condition characterized by physiological changes that occur when alcohol intake is discontinued in an individual who is addicted to alcohol.

Detoxification - The process by which an individual is gradually withdrawn from drugs by the administration of decreasing doses of the drug on which the person is physiologically dependent, or a drug that is cross-tolerant to the dependent drug, or a drug that medical research has demonstrated to be effective in detoxifying the individual from the dependent drug.

717.2 POLICY

Withdrawal from alcohol or drugs can be a life-threatening medical condition requiring professional medical intervention. It is the policy of this department to provide proper medical care to inmates who suffer from drug or alcohol overdose or withdrawal.

To lessen the risk of a life-threatening medical emergency and to promote the safety and security of all persons in the facility, staff shall respond promptly to medical symptoms presented by inmates.

The Health Care Authority shall develop written medical protocols on detoxification symptoms necessitating immediate transfer of the inmate to a hospital or other medical facility, and procedures to follow if care within the facility should be undertaken.

717.3 STAFF RESPONSIBILITY

Staff should remain alert to signs of drug and alcohol overdose and withdrawal. These symptoms include, but are not limited to, sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing and generalized aches and pains. Any staff member who suspects that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify the Sergeant, who shall ensure that a qualified health care professional is promptly notified.

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717.4 MEDICAL STAFF RESPONSIBILITY

The qualified health care professional will evaluate the inmate using approved protocols in order to determine the most appropriate care plan, which will be based on the patient's history, current physical status and treatment needs. Any patient who cannot be safely treated in the facility will be referred to an appropriate treatment facility off-site.

717.5 PROCEDURE

Inmates who are observed experiencing severe, life-threatening intoxication (overdose) or withdrawal symptoms will be promptly seen by a physician or referred to an off-site emergency facility for treatment. Detoxification shall be conducted under medical supervision at the facility or in a hospital or community detoxification center under appropriate security conditions.

If the qualified health care professional determines that an inmate is at risk for progression to a more severe level of withdrawal, the inmate will be appropriately housed in an area where he/she can be monitored by qualified health care professionals or trained correctional staff.

717.6 WITHDRAWAL AND DETOXIFICATION PROTOCOLS

Protocols are available to the qualified health care professionals to guide the care and treatment of individuals who are intoxicated or experiencing drug and/or alcohol withdrawal. These protocols, which have been developed and approved by the Health Care Authority, fall within nationally accepted guidelines and are reviewed annually.

When dealing with inmates who are in a custody situation, qualified health care professionals shall utilize detoxification protocols in accordance with local, state and federal laws.

No direct supervision is required at the time of identifying and initiating care. Overall supervision is provided by the Health Care Authority. Qualified health care professionals shall evaluate and provide care to patients utilizing written procedures and/or physician orders.

717.7 ALCOHOL WITHDRAWAL SYMPTOMS CHART

The following chart describes typical symptoms of mild, moderate and severe withdrawal. It is to be used as a guide for determining when to refer inmates to a qualified health care professional.

Not all symptoms are always present.

	MILD	MODERATE	SEVERE (Delirium Tremens)
ANXIETY	Mild restlessness and anxiety	Obvious motor restlessness	Extreme restlessness and agitation with appearance of intense fear is common
APPETITE	Impaired appetite	Marked anorexia	Often rejects all food and fluid except alcohol
BLOOD PRESSURE	Normal or slightly elevated systolic	Usually elevated systolic	Elevated systolic and diastolic

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CONFUSION	Oriented, no confusion	Variable confusion	Marked confusion and disorientation
CONVULSIONS	No	May occur	Severe convulsions are common
HALLUCINATIONS	No hallucinations	Often vague, transient, visual and auditory hallucinations and delusions, often with insight, often occurring only at night	Visual and occasional auditory hallucinations, usually of fearful or threatening content. Misidentification of persons and frightening delusions relating to hallucinatory experiences
MOTOR CONTROL	Inner "shaky"	Visible tremulousness	Gross uncontrollable shaking
NAUSEA	Nausea	Nausea and vomiting	Dry heaves and vomiting
PULSE	Tachycardia	Pulse 100-120	Pulse 120-140
SLEEP	Restless sleep or insomnia	Marked insomnia and nightmares	Total wakefulness
SWEATING	None or slight	Obvious	Extreme

Administration of Psychotropic Medication

718.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines under which an inmate may be involuntarily administered psychotropic medications during a mental health emergency, to protect the safety of the inmate and others.

718.1.1 DEFINITIONS

Definitions related to this policy include:

Mental health emergency - Any emergency situation that requires an immediate response to an individual in psychiatric crisis, for the preservation of life or the prevention of serious bodily harm to the inmate, staff or others. It is not necessary for harm to take place or to become unavoidable prior to involuntary treatment being imposed.

Psychotropic medication - Any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders.

718.2 POLICY

It is the policy of this department that an inmate may be involuntarily given psychotropic medication on an emergency basis only when the inmate is found by a physician to be a danger to him/herself or others by reason of mental disorders, or as pursuant to court order.

718.3 MEDICATION IN AN EMERGENCY

Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his/her informed consent or administration has been authorized under a court order (RCW 10.77.065).

Involuntary emergency administration of psychotropic medication shall occur only under the following conditions:

- The inmate has been afforded interventions, beginning with the least restrictive options, as approved by the Responsible Physician or psychiatrist.
- The administration and duration are authorized by a physician.
- A physician specifies the conditions under which the medication is to be administered.

The details of each condition must be documented in the inmate's medical record.

This policy limits the number of times that involuntary psychotropic medication may be administered to one dose only during the mental health emergency, as defined by a qualified health care professional. If the emergency is not resolved, the inmate shall be transferred from the jail to an appropriate facility that is designed to treat mental health emergencies.

Psychotropic medication shall not be administered for disciplinary reasons.

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Administration of Psychotropic Medication

718.3.1 PROCEDURES

When it has been determined that an inmate's behavior might lead to death or injury to the inmate or others, and that a mental health emergency is imminent, the following procedures shall be followed:

- The inmate shall be subdued by custody personnel using tactics that provide the safest resolution for the inmate and the involved staff given the circumstances.
- The qualified health care professional shall evaluate the inmate for any injuries and mental status. If there are no qualified health care professional available, the inmate shall be transported to an appropriate facility that is designed to treat mental health emergencies as soon as reasonably practicable.
- The Responsible Physician shall be contacted for direction.
- If psychotropic medication is authorized by the Responsible Physician, the qualified health care professional will first attempt to gain inmate consent.
- If consent is not obtained, the medication shall be involuntarily administered in the safest manner possible.
- The inmate will be monitored for any adverse reactions and side effects twice every hour by custody personnel.
- A qualified health care professional shall check the inmate at 30-minute intervals for the first two hours.
- The inmate shall be evaluated by the Responsible Physician or transported to the appropriate hospital within 24 hours to determine continued treatment planning.
- If the emergency is not resolved with a single dose of medication, or if the inmate does not continue treatment on a voluntary basis, consideration should be given to the prompt transfer of the inmate to an appropriate facility that is designed to treat mental health emergencies.
- All clinical interaction with the inmate shall be fully documented in the inmate's medical record and shall include the date and time of treatment and the signature of the qualified health care professional.
- The administration of involuntary antipsychotic medication will be recorded on the county cellphone and utilize the jail's security cameras.

718.3.2 POST ADMINISTRATION CARE

Less restrictive treatment alternatives should be developed as soon as reasonably practicable.

Clinical Decisions

719.1 PURPOSE AND SCOPE

This policy recognizes that a coordinated effort between the Health Care Authority and the Director is needed to ensure an adequate health care system. It emphasizes the importance of clinical decisions being the sole responsibility of the qualified health care professional.

719.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical decisions - The process of formulating a differential diagnosis with information gathered from an inmate's medical history and physical and mental examinations, developing a list of possible causes and ordering tests to help refine the list or identify a specific disease.

Differential diagnosis - A systematic method of identifying unknowns or diagnosing a specific disease using a set of symptoms and testing as a process of elimination.

719.2 POLICY

Clinical decisions and actions regarding inmate health care are the sole responsibility of qualified health care professionals and should not be countermanded by others. The Health Care Authority or designee shall be responsible for arranging for appropriate health resources and for determining what services are needed. The Director or the authorized designee shall be responsible for providing the custodial support to ensure a safe and secure environment for delivery of services and accessibility to the inmates.

719.3 MEDICAL AUTONOMY

Clinical decisions shall be made only after a thorough evaluation of the patient's complaint and physical or mental condition. The implementation of clinical decisions is to be completed in an effective and safe manner that does not violate the security regulations of the facility.

719.4 PROBLEM RESOLUTION

Any issues arising because of the clinical decision process shall be reviewed under the provisions of the Continuous Quality Improvement Policy using medical records, grievances, staff complaints and any other relevant data.

Health-Trained Staff

720.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for inmates to access 24 hour health care services in the event that a qualified health care professional is not on-site.

720.2 POLICY

It is the policy of this department that all health-trained staff members shall be responsible for coordinating the delivery of health care services in the facility any time that qualified health care professionals are not available on-site. Additionally, in facilities that do not have full-time qualified health care professionals, the Director shall appoint a staff member to act as a liaison to coordinate health care delivery in the facility under the direction of the Health Care Authority.

720.3 DUTIES OF THE HEALTH-TRAINED STAFF

The Director or the authorized designee, in coordination with the Health Care Manager, shall be responsible for developing a training program for all health-trained staff. Health-trained staff shall be responsible for the following:

- Completing the medical screening form during the booking process.
- Identify any immediate medical needs for any follow-up care needed.
- Identify any immediate mental health needs for any follow-up care needed.
- Assisting with the implementation of orders regarding diets, housing and work assignments.
- Administering medications.

720.4 TRAINING

The Director, Professional Services Sergeant and the Health Care Manager shall be jointly responsible for developing a training curriculum for the health-trained staff positions and for the delivery of that training, which shall include the following:

- Instruction on proper action in the case of a medical emergency.
- Documentation requirements.
- Appropriate triage of health care requests and follow-up.
- Confidentiality of health information.
- Administering medications.

720.5 UNREASONABLE BARRIERS

No member of the Chelan County Regional Justice Center correctional facility shall create unreasonable barriers that affect an inmate's access to health care services. The following are examples of conduct that are likely to create unreasonable barriers and are prohibited:

- (a) Punishing inmates for seeking care for their serious health needs.

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- (b) Assessing excessive inmate medical fees that prevent or deter inmates from seeking care for their serious health needs.
- (c) Deterring inmates from seeking care for their serious health needs by scheduling sick call at unreasonable times.

Licensure, Certification and Registration Requirements

721.1 PURPOSE AND SCOPE

The purpose of this policy is to recognize that inmates are entitled to health care services that are provided by qualified health care professionals working within the scope of their respective licensure, certification, registration and training. This policy also establishes a credentials verification process.

721.2 POLICY

It is the policy of this department that all qualified health care professionals who provide health care services to inmates possess the required licensure, certification or registration appropriate to their field of expertise. Job descriptions shall include minimum qualifications and specific duties and responsibilities, and shall be approved by the Health Care Manager.

The current credentials and job descriptions for all qualified health care professionals will be on file at the facility and retained in accordance with established records retention schedules.

Any health care provided to inmates at the facility that is not provided by a qualified health care professional is provided in accordance with a standing order or direct order issued by personnel who are qualified under governing laws to give such orders.

721.3 CREDENTIALING AND FILE MAINTENANCE

A completed file of current licenses, certifications, registration, reference checks and applications shall be maintained by the Department of Human Resources and by the Health Care Authority or the authorized designee at this facility.

- (a) The Health Care Authority or the authorized designee shall obtain confirmation of current licensure, certification and registration prior to making any offer of employment.
- (b) Inquiries into any sanctions or disciplinary actions of state boards, employers and the U.S. Department of Health and Human Services' National Practitioner Data Bank should be conducted prior to making any offer of employment.
- (c) Individuals should be required to pass a job related pre-employment background investigation. Employment references may be obtained via mail or over the phone with documentation.
- (d) Each employee should be held responsible for providing renewal verification of licenses, certificates and registration prior to the expiration date.
- (e) Any group or individual providing health care services must complete the credentialing process that is appropriate for their profession and must provide the facility a copy of current licensure and, when appropriate, a Drug Enforcement Administration (DEA) certificate to prescribe controlled substances.

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Licensure, Certification and Registration Requirements

- (f) To be eligible for hire, all qualified health care professionals must maintain a current CPR certification and provide documentation to the Health Care Authority or the authorized designee.

721.4 STUDENTS AND/OR INTERNS

If the health care services provided to an inmate are performed by an intern, resident or student who is authorized to provide specific health care services as part of a formal medical training program, the individual in training will work under the control and supervision of a qualified health care professional. Assigned tasks shall be commensurate with the intern, student or resident's level of training.

There shall be a written agreement between the facility and the entity sponsoring the training program that covers the scope of work, duration of the agreement and any legal or liability issues.

Any student, intern or resident working in the facility shall participate in a facility orientation that includes, but is not limited to, topics such as fire safety, facility security, items that are considered contraband and inmate culture.

All training provided, written agreements and/or contracts shall be maintained in the intern, resident or student's file by the Health Care Authority or the authorized designee in accordance with established records retention schedules.

Inmate Assistants

722.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines and establish parameters for the appropriate use of inmates as assistants in the provision of health care services.

722.2 POLICY

It is the policy of this department that all inmate assistants shall be under direct supervision and utilized in a manner that does not give them control or authority over other inmates, access to confidential medical information, or authority to make treatment decisions or provide patient care. Inmate assistants shall not be used as a substitute for qualified health care professionals.

722.3 INMATE ASSISTANTS

Inmates who have received appropriate training may perform limited duties involving assistance to other inmates however, only while under the direct supervision of qualified health care professionals. The duties that inmate assistants may perform include the following:

- Peer support and education.
- Emotional support activities for inmates who are ill.
- Assisting disabled inmates with daily living activities.
- When qualified and properly trained and when participating in a formal suicide prevention plan inmate assistants may serve as a companion to other inmates who are at risk of suicide.

722.4 PROHIBITED DUTIES

Inmate assistants shall not be used for any direct patient care activities, diagnostic or treatment decisions, dispensing of medications, scheduling health care appointments or any form of patient care normally provided by a qualified health care professional.

722.5 TRAINING

Inmate assistants assigned to health care services shall receive education and training specific to their anticipated duties to ensure that they understand and can perform their duties in a safe and lawful manner.

Suicide Prevention and Intervention

723.1 PURPOSE AND SCOPE

This policy establishes the suicide prevention and intervention to identify, monitor and, when necessary, provide for emergency response and treatment of inmates who present a suicide risk while incarcerated at the Chelan County Regional Justice Center.

This policy is intended to reduce the risk of self-inflicted injury or death by providing tools to the staff that will allow a timely and organized emergency response to suicide, suicide attempts or an inmate's unspoken indication that suicide is being considered. The three key components of this plan are evaluation, training and screening with intervention.

723.2 POLICY

It is the policy of this department to minimize the incidence of suicide by establishing and maintaining a comprehensive suicide prevention and intervention program designed to identify inmates who are at risk of suicide and to intervene appropriately whenever possible. The program shall be developed and approved by the Chelan County Regional Justice Center Mental Health Coordinator and reviewed annually by the Director and/or designee .

723.3 INTERVENTION MENTAL HEALTH MEETINGS

The Director, in cooperation with the Mental Health Coordinator and the Behavioral Health Strategic Planning Team, will evaluate and approve the suicide prevention and intervention program annually. The Behavioral Health Strategic Planning Team should consist of qualified health care professionals and the Director or the authorized designee. The yearly evaluation will include a review of all current policies to ensure they are relevant, realistic and consistent with the mission of the program. The program and policies will be updated as needed.

It shall also be the responsibility of the team to coordinate with the Director to ensure that suicide prevention training is provided in compliance with all applicable statutes and standards.

723.4 STAFF TRAINING

All facility staff members who are responsible for supervising inmates shall receive initial and annual training on suicide risk identification, prevention and intervention, to include, at minimum:

- The provisions of this policy.
- Identification of the warning signs and indicators of potential suicide, including training on suicide risk factors.
- Identification of the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors.
- Responding to suicidal and depressed inmates.
- Communication between corrections and health care personnel.
- Using referral procedures.

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- Housing observation and suicide watch-level procedures.
- Follow-up monitoring of inmates who attempt suicide.

Recommendations for modification to suicide training should be directed to the Director and/or designee, who shall review the recommendations and approve, if appropriate.

723.5 SCREENING AND INTERVENTION

All inmates shall undergo medical and mental health screening during the intake process. A portion of the intake medical screening is devoted to assessing inmates at risk for suicide. Any inmate who appears to have mental health behavior, suffer from a mental health condition, or states he/she is suicidal shall be examined by a qualified health care professional at a designated hospital and receive medical clearance before acceptance to jail.

Upon an inmate entering the facility, he/she should be assessed by custody staff for the ability to answer medical and mental health screening questions.

Staff members shall promptly refer any inmate who is at risk for suicide to classification, health services and mental health services. The inmate shall remain under direct and constant observation (15 minutes) in a safe setting until designated staff makes appropriate health care and housing decisions.

723.6 SUICIDE WATCH

Inmates should only be housed on suicide watch with the approval of a qualified health care professional and/or the on duty supervisor. If a qualified health care professional is not present the on duty supervisor may make the decision to place an inmate on suicide watch but should notify a qualified health care professional as soon as practicable. Inmates placed on suicide watch shall be closely monitored and housed in a holding cell in booking that can be monitored by staff and cameras. Prior to housing the inmate, the staff should carefully inspect the cell for objects that may pose a threat to the inmate's safety.

Qualified health care professionals are primarily responsible for the treatment of inmates on suicide watch. Deputies and general employees are responsible for the physical safety of the inmates. All staff members should coordinate their efforts to ensure that inmates do not have the means or the opportunity to injure themselves.

An observation log shall be maintained for each inmate on suicide watch. A staff member shall be designated to make a direct visual observation of the inmate twice every 30 minutes at approximately 15-minute intervals. Each staff member who is required to observe the inmate shall make notations in the observation log documenting the time of observation.

The status of suicidal inmates should be readily identifiable in a manner discernible by staff. When standard-issue clothing presents a security or medical risk to the inmate or others, the inmate shall be supplied with a security garment that is designed to promote inmate safety and not cause unnecessary humiliation and degradation. Suicidal inmates shall not be permitted to retain undergarments or any other item that can be fashioned into an implement for hanging (e.g.,

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Suicide Prevention and Intervention

plastic bags, shoelaces or sheets). Inmates shall not be permitted to keep personal property while housed on suicide watch and shall not be permitted to possess razors or other sharp objects, such as pencils, items with staples or any other item that may be used to cause a self-inflicted injury. Physical restraints should only be used as a last resort measure. The decision to use or discontinue use of restraints should be made in consultation with qualified health care professionals and/or the on duty supervisor.

Inmates may be placed on observation watch by mental health staff or the on duty supervisor, who are not actively suicidal but who have expressed suicidal thoughts or have a recent history of self-injurious behavior. These individuals should be observed by staff at irregular intervals of either 15, 30, or 60 minute intervals which will be predetermined by mental health staff and/or on duty supervisor according to the inmates behavioral safety needs. The minimum status of inmates on observation watch shall be supplied with security blankets and basic jail uniform and/or smock and housed in a cell with a camera. Additional jail issued or personal items allowed in the observation cell will be determined by mental health staff and/or the on duty supervisor and documented on the inmates observation log sheet.

723.6.1 INTERVENTION

Any suicide attempt is a medical emergency. Staff should take action to facilitate emergency medical care and preserve and collect evidence as necessary. A qualified health care professional should be summoned immediately any time the staff suspects a suicide attempt is imminent. Staff should take reasonable and appropriate precautions to mitigate the ability of the inmate to injure him/herself, and should consider establishing and maintaining a non-threatening conversation with the inmate while awaiting assistance. If a qualified health care professional is not immediately available, the inmate should be placed in an appropriate and safe location until such time as a qualified health care professional arrives.

Following a suicide attempt, staff should initiate a medical emergency response and initiate and continue appropriate life-saving measures until relieved by qualified health care professionals. The arriving medical staff should perform the appropriate medical evaluation and intervention. The Health care manager or the authorized designee should be notified in situations when referral and transportation to the emergency room of a local hospital is required.

723.6.2 NOTIFICATION

In the event of an attempted or completed suicide, the Director should be promptly notified. The on duty supervisor should notify the Director.

The location where a suicide has occurred should be treated as a crime scene after the inmate has been removed from the cell or after emergency medical care is rendered. The area should be secured and access-controlled to preserve evidence until the appropriate investigation can be completed.

All suicides or attempted suicides shall be documented in a special report. Any injury must be documented in the special report.

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Suicide Prevention and Intervention

All in-custody deaths, including those resulting from suicide, should be investigated and documented in accordance with the Reporting Inmate Deaths Policy.

723.7 FOLLOW-UP

Qualified health care professionals should evaluate any inmate placed on suicide watch within 24 hours of placement or at the next available physician's visit, whichever is earliest. After evaluation, qualified health care professionals should make a recommendation whether to keep the inmate on suicide watch. Only a qualified mental health professional may remove an inmate from suicide watch. The on duty supervisor may remove an inmate from watch with authorization of the Chief of Operations if needed.

All changes in inmate status should be reported to the qualified health care professional to ensure the inmate receives appropriate care. The inmate's status should be documented in Spillman to reflect all contacts, treatment and any other relevant information.

Although the goal of this program is to significantly reduce the risk of in-custody deaths, the ongoing care of suicidal inmates after release must also be considered. Inmates who are at risk for suicide should work with local or area mental health resources.

723.7.1 DEBRIEFING

Any suicide attempt or death of an inmate or on-site staff member requires a staff debriefing. Information will be communicated to the oncoming supervisor and staff to apprise them of the incident and actions taken with regard to the incident. Such debriefing will be appropriately documented and shall be reviewed by administration and the Responsible Physician.

Inmate Death - Clinical Care Review

724.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the actions and notifications required in the event of an in-custody death and the medical care received by the inmate. The policy requires that a review of all in-custody deaths be conducted to assess the appropriateness of the clinical care provided and the effectiveness of the facility's policies and procedures.

724.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative review - An assessment of the facility's emergency response actions surrounding the death of an inmate. The purpose of the administrative review is to identify areas where operations, policies and procedures may be improved.

Clinical mortality review (CMR) - An assessment of the medical condition of the inmate prior to treatment, the clinical care provided by contractors and the circumstances of the death. The purpose of the CMR is to identify areas of patient care or system policies and procedures that may be improved.

Psychological autopsy - A written reconstruction of an inmate's life with an emphasis on factors that may have contributed to his/her death. This is sometimes referred to as a psychological reconstruction and is usually conducted by a psychologist or other qualified mental health care professional.

Special Investigation Unit (SIU) - The Special Investigation Unit is a multi-jurisdictional team made up of the Chelan County Sheriff's Office, Douglas County Sheriff's Office, East Wenatchee Police Department, Okanogan County Sheriff's Office, Wenatchee Police Department and the Washington State Patrol.

724.2 POLICY

It is the policy of this department that all in-custody deaths will be investigated and a report completed by the Special Investigation Unit (SIU) to determine the manner of death and to gather information, including statements of inmates and staff who were in the area at the time the death occurred. To also examine the appropriateness of the clinical care provided, to determine whether existing policies are appropriate or if revision is necessary and to identify any other issues associated with the circumstances of the death.

724.3 NOTIFICATIONS

In the event of an in-custody death, all authorities with jurisdiction, including the Coroner or the authorized designee shall immediately be notified by the Director or the authorized designee at the time of death as determined by qualified medical personnel.

In the event of an in-custody death, the Special Investigation Unit (SIU) shall immediately be notified by the Director or the authorized designee at the time of death.

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Inmate Death - Clinical Care Review

The Responsible Physician should also be notified and should coordinate with the Director, who will be responsible for notifying his/her chain of command regarding all medical issues surrounding the in-custody death.

Information regarding the individual designated by the deceased inmate (next of kin) for notification should be provided to the Coroner or the authorized designee, who is charged with the responsibility of making such notifications.

724.4 DOCUMENTATION

The qualified health care professional on-duty at the time of the in-custody death shall ensure that all witnessed facts concerning the death are documented on the inmate's health record. Written documentation should include, but is not limited to, the time of death, the preceding circumstances surrounding the death, nature of the death, treatment rendered and who was notified of the death and by whom.

724.5 CLOSING THE MEDICAL RECORD

The Responsible Physician should review the inmate's health record to ensure appropriate entries have been made, and within 72 hours of the death have the original retained in the custody of the medical department in accordance with established records retention schedules.

724.6 DEATH BY SUICIDE

In the event of a suspected inmate suicide, the on duty supervisor shall make a report within 24 hours to the Director containing:

- (a) The inmate's known mental health history.
- (b) The most recent known mental health treatment.
- (c) All known circumstances surrounding the suicide.

The initial CMR should be conducted by the qualified health care professional, mental health professional, contract medical or contracted mental health. The CMR should be finalized within 30 days by the qualified health care professional. The findings should be shared with the treating staff.

724.7 DEATH REVIEW

All deaths should be reviewed within 30 days. The review shall consist of an administrative review and a CMR if the death was by suicide.

Nursing Assessment Protocols

725.1 PURPOSE AND SCOPE

The purpose of this policy is to establish standards for evaluating and treating inmates with medical issues that are easily and effectively treated or triaged by nursing personnel who have been properly trained in the use of nursing assessment protocols.

725.1.1 DEFINITIONS

Definitions related to this policy include:

Nursing assessment protocols - Written instructions or guidelines that specify the steps to be taken in evaluating an inmate's health status and providing medical treatment. Protocols may include first-aid procedures for the identification and care of ailments that ordinarily would be treated with over-the-counter (OTC) medication or through self-care. These protocols also may address more serious symptoms, such as chest pain, shortness of breath or intoxication. The protocols provide a sequence of steps to evaluate and stabilize an inmate until a qualified health care professional is contacted and orders for further care are received.

725.2 POLICY

It is the policy of this department that medical care performed by personnel other than a physician shall be performed pursuant to a written protocol or order of the Responsible Physician.

725.3 PROTOCOL DEVELOPMENT AND AUTHORIZATION

The facility's Responsible Physician or the authorized designee shall develop, review and authorize all nursing protocols used for the treatment of inmates, and shall develop, deliver or procure appropriate training for the nurses on their use. Each nursing assessment protocol will have a signed declaration indicating it has been reviewed and approved by the nursing administrator and the Responsible Physician.

The protocols developed shall be appropriate for the training and experience of the health care services staff members who will deliver the services. Each protocol shall comply with the standards of practice for the level of care the health care services staff members are authorized to provide.

The Responsible Physician shall review the nursing assessment protocols annually, revising as necessary and dating and signing approved protocols.

725.4 TRAINING

Nurses will be trained and approved in the nursing assessment protocols prior to their use. The training shall be documented and should include:

- (a) Evidence that new nurses have been trained.
- (b) Demonstration of knowledge and skills.
- (c) Evidence of annual evaluation.
- (d) Evidence of retraining when protocols are introduced or revised.

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Nursing Assessment Protocols

725.5 AUTHORIZED USE OF PROTOCOLS

Nursing staff may use a nursing assessment protocol only after they have been trained and authorized by the Responsible Physician or authorized designee. Nursing assessment protocols shall only be used after a nurse fully evaluates the inmate's complaint and the inmate's condition meets the appropriate criteria.

When OTCs are administered per the protocol, they do not require the signature of a physician. However, the order and the administration of the medication shall be documented on the medication administration record.

Nursing assessment protocols shall not include the administration of any prescription medication, with the exception of protocols addressing an emergency or a life-threatening situation. Treatment with prescription medication may only be initiated upon a written or verbal order from a physician, psychiatrist, dentist or other person who is licensed to dispense medication in the state, either independently or under the supervision of a physician.

Medical Equipment and Supply Control

726.1 PURPOSE AND SCOPE

This policy outlines the control and inventory process to be utilized in accounting for all medical equipment and supplies. Medical equipment and supplies can pose a hazard for both the inmate population and the staff. Unauthorized possession of medical equipment and supplies constitutes possession of contraband. Unauthorized use of medical equipment and supplies violates inmate rules detailed in the inmate handbook. Since it is necessary to have a well-stocked medical space within the secure perimeter of the facility, there must be a plan to ensure that equipment and medical supplies are accounted for and tightly controlled.

726.2 POLICY

It is the policy of this department that all medical equipment, including sharps, dental instruments, needles and other items must be tightly controlled so they cannot be used as weapons or to facilitate the injection of drugs or other substances. Additionally, these tools and supplies must be controlled to prevent exposure to biohazards.

726.3 STAFF RESPONSIBILITIES

It is the responsibility of the Director to ensure that the inmate handbook clearly defines the unauthorized possession and/or use of medical equipment and supplies as a rule violation that may result in discipline.

If there is a discrepancy that indicates that medical supplies or equipment are missing, the on duty supervisor shall be immediately notified. The on duty supervisor shall initiate a search for the missing supplies and/or equipment. The on duty supervisor shall document the incident and any actions taken, and provide the Director with a complete report.

Continuation of Care

727.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain a proactive health system in the facility that fosters the continuation of health care needs that, if discontinued, would have a negative effect on the health of the inmate. The sole objective is to maintain or improve the health of the inmates. This policy is intended to ensure that inmates receive health services in keeping with current community standards as ordered by qualified health care professionals.

727.2 POLICY

It is the policy of this department that all inmates shall have access to the continuation of care for a health issue, provided the treatment plan meets community standards. The inmate's health care needs will be assessed by qualified health care professionals and continued as determined or referred after release.

727.3 CONTINUITY OF CARE

The Director is responsible for coordinating with the Health Care Manager to ensure that all inmates receive appropriate health care, including, but not limited to:

- (a) Newly booked inmates shall have a medical screening as part of the booking and classification process. This screening includes documentation of acute or chronic health issues or conditions, existing injuries and medications or treatments the inmate is currently receiving.
 - 1. Any prior jail health records, including those from other facilities, should be reviewed.
 - 2. Current medications will be verified and continued as deemed appropriate by the Responsible Physician or the authorized designee.
- (b) A health assessment is completed on or before the 14th day of continuous incarceration.
- (c) Individual treatment plans that are used to guide treatment. The format for planning may vary but should include, at a minimum:
 - 1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
 - 2. The type and frequency of diagnostic testing and therapeutic regimens.
 - 3. When appropriate, instructions about diet, exercise, medication and adaptation to the correctional environment.
 - 4. Custody staff is informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate.
- (d) Reasonable effort should be made to obtain information and records relating to previous health care professionals with the consent of the inmate, if the inmate is currently under medical care.

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Continuation of Care

- (e) Upon transfer to another facility, a medical discharge summary of the inmate's current condition, medications and treatment plan will be forwarded in a sealed envelope (to maintain confidentiality) to the receiving facility.
- (f) Response to requests for health information from medical facilities and health care professionals, with the inmate's written consent.
- (g) When inmates are sent out of the facility for emergency or specialty medical treatment, written information regarding the inmate's reason for transfer, pertinent medical problems and list of current medications should be sent with the inmate and may be given to those providing care upon request. The name and phone number of a contact person who the medical facility can call should be included with the patient health information. Upon the inmate's return to the facility, treatment recommendations should be reviewed by the Responsible Physician or the authorized designee and appropriate plans should be made for continuing care in the facility based on the treating facility's diagnosis, recommended medications and other treatment.
- (h) Upon release from the facility, inmates should be given written instructions for the continuation of care including, but not limited to:
 - 1. The name and contact information of health care facilities for follow-up appointments.
 - 2. Prescriptions and/or an adequate supply of medication for those with chronic medical or psychiatric conditions.

Continuous Quality Improvement

728.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a Continuous Quality Improvement (CQI) process of health care review in an effort to identify improvement needs in policies, processes or staff actions, and to develop and implement better health care strategies to improve the processes and outcomes of the health care services delivered at this facility.

728.2 POLICY

It is the policy of this department that an internal review and CQI process for inmate health care delivery and outcomes is developed and maintained, measurable goals and objectives are established and reviewed annually, and that the process itself is periodically reviewed and updated as needed. The process should be supervised by the Responsible Physician. The data evaluated should result in more effective access to services, an improved quality of care and a better utilization of resources.

728.3 CQI TECHNIQUES AND MONITORING

The CQI process may be applied to any aspect of health care delivery and health service outcomes, including, but not limited to, monitoring and reviewing the following:

- Quality of the medical charts, by the Responsible Physician or the authorized designee
- Investigations of complaints and grievances
- Corrective action plans and plan outcomes
- Deaths in custody, suicide attempts, sentinel events, and incident and management of serious communicable disease outbreaks
- Plans for employee education and training, using investigation findings
- Records of internal review activities
- Legal requirements for confidentiality of medical records
- Credentialing (assessing and confirming qualifications), privileging (authorization to provide services), and training of employees and the associated peer review processes
- Condition and effectiveness of the care environment
- Adequacy and quality of supplies and equipment
- Quality of care provided to individual patients
- Accuracy and efficiency of pharmacy services and medication administration
- Ease of access to care
- Risk minimization tactics
- Data describing the types, quality and quantity of care provided

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Continuous Quality Improvement

- Accreditation compliance

728.4 CQI COMMITTEE MEETINGS

The jail CQI committee should meet annually under the direction of both the Health Care Manager and the Director. CQI minutes must be produced and maintained separately from any other minutes.

The CQI minutes are not subject to disclosure outside of the CQI program, including requests from local, regional and national entities. Other interested parties with a need to know are only entitled to the disclosure of information that includes:

- (a) Problems that may have been identified
- (b) Solutions that have been agreed upon
- (c) Persons responsible for implementing the corrective action
- (d) The time frame for implementing the corrective actions

Informed Consent and Right to Refuse Medical Care

729.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to make informed decisions regarding their health care. It establishes the conditions under which informed consent should be obtained prior to treatment, when medical care may proceed without consent, the documentation process for the refusal of medical care and the retention of refusal forms.

729.1.1 DEFINITIONS

Definitions related to this policy include:

Informed consent - The written agreement by an inmate to a treatment, examination or procedure. Consent is sought after the inmate has received the material facts about the nature, consequences and risks of the proposed treatment, the examination or procedure, the alternatives to the treatment and the prognosis if the proposed treatment is not undertaken, in a language understood by the inmate.

729.2 POLICY

It is the policy of this department that, generally, all health care examinations, treatments and procedures shall be conducted with the informed consent of the inmate. Exceptions may include emergencies, life-threatening conditions and public health matters.

729.3 INFORMED CONSENT

The qualified health care professional initiating treatment shall inform the inmate of the nature of the treatment and its possible side effects and risks, as well as the risks associated with not having the treatment.

Appropriate arrangements shall be made to provide language translation services as needed.

For minors and conservatees, the informed consent of a parent, guardian or legal custodian applies where required by law. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment can be administered to an inmate.

729.4 REFUSAL OF TREATMENT

When an inmate refuses medical, mental health or dental treatment or medication, he/she shall be counseled regarding the necessity of the treatment/medication and the consequences of refusal.

The form shall be filled out completely by the qualified health care professional and include the inmate's name, treatment/medication refused, the risks or consequences of refusal and the inmate's mental status. The form must be signed by the inmate and a witness.

In the event that the inmate refuses to sign, a notation to this effect shall be documented on the inmate signature line. This shall require a signed acknowledgement by two witnesses.

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Informed Consent and Right to Refuse Medical Care

Documentation regarding the inmate's mental status shall be noted in the medical record, along with a brief note describing the intervention of the qualified health care professional.

The completed form is to be placed in the inmate's medical record.

It is the responsibility of the qualified health care professional to refer all refusal forms to the Responsible Physician.

Any time there is a concern about the decision-making capacity of the inmate, an evaluation shall be conducted, particularly if the refusal is for critical or acute care.

All refusals of psychotropic medication shall be referred to the Responsible Physician or the authorized designee.

Any time an inmate refuses to take his/her medication, or a scheduled medical appointment, it will be documented by medical staff in the inmate's medical records.

Refusal forms may be used on a case by case basis with medical staff's approval.

The refusal form shall be a permanent part of the inmate's medical record.

The inmate may revoke his/her refusal at any time.

729.5 RECORDS

The Director or the authorized designee shall work with the Responsible Physician to develop medical care consent and refusal forms and a system for retaining records in the inmate's health file in accordance with established records retention schedules.

Management of Health Records

730.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a uniform manner of maintaining the active inmate health records for easy accessibility during clinical treatment, and the storage methods for inactive health records. This policy also recommends practices that will ensure the confidentiality of health record information by separating it from custody records.

730.1.1 DEFINITIONS

Definitions related to this policy include:

Protected health information - Information that relates to the inmate's past, present or future physical or mental health or condition, the provision of medical care to the inmate, or the past, present or future payment for the provision of health care to the inmate (45 CFR 160.103).

730.2 POLICY

It is the policy of this department to maintain the confidentiality of inmates' protected health information. Inmate health records will be maintained separately from custody records and under secure conditions, in compliance with all local, state and federal requirements.

The Health Care Manager will establish standardized facility procedures for recording information in the file and for the control and access to inmate health records. Inmate workers shall not have any access to inmate health records.

730.3 INITIATING A HEALTH RECORD

Following the initial medical screening process, the qualified health care professional shall initiate a health record for each inmate. The Health Care Manager shall be responsible for developing and implementing procedures for standardized record formatting.

730.4 CONFIDENTIALITY OF INMATE HEALTH RECORDS

Information regarding an inmate's health status is confidential. Active health records shall be maintained separately from custody records. Access to an inmate's health record shall be in accordance with state and federal law (Health Insurance Portability and Accountability Act (HIPAA) of 1996 Public Law 104-191 and the implementing regulations).

The inmate's protected health information may be disclosed, with the inmate's written authorization, to any person so designated. A fully completed authorization for release and/or a disclosure of protected health information form shall be required prior to disclosure based upon informed consent.

The inmate's protected health information may be disclosed by the qualified health care professional without the inmate's authorization under certain circumstances and when approved by the Responsible Physician or the authorized designee. Those circumstances include:

- (a) To known qualified health care professionals who are members of the health care team responsible for the inmate's care.

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- (b) To custody staff regarding inmates as reasonably necessary to protect the safety, security and good order of the facility. Examples may include information that the inmate may be:
 - 1. Suicidal.
 - 2. Homicidal.
 - 3. A clear custodial risk.
 - 4. A clear danger of injury to self or others.
 - 5. Gravely disabled.
 - 6. Receiving psychotropic medications.
 - 7. A communicable disease risk.
 - 8. In need of special housing.
- (c) To the local public health officer when an inmate is part of a communicable disease investigation.
- (d) Pursuant to a court order or valid subpoena duces tecum, accompanied by a satisfactory assurance that the inmate has been given notice and an opportunity to file an objection or efforts have been made to secure a protective order as required under HIPAA (45 CFR 164.512).
- (e) To a law enforcement officer for purposes of a criminal investigation, to avert a serious threat to the health or safety of any person or to fulfill mandatory reporting requirements.
- (f) To a law enforcement officer when the inmate has died as a result of criminal conduct.

The inmate's limited protected health information may also be disclosed to a law enforcement officer for purposes of identifying or locating a suspect or when the inmate is a victim of a crime. When reasonably possible, the approval of the Director should be obtained prior to disclosure.

Attorneys requesting health record information regarding an inmate should be advised that an authorization for release and/or a disclosure of medical information form or an attorney release form signed by the inmate is required.

Family members may be informed of the inmate's custody status and whether the inmate is receiving medical care. Family members requesting additional information must provide a proper authorization for release and/or disclosure of medical information form.

The Director, in consultation with the Responsible Physician and/or Health Care Manager, shall designate personnel who will be responsible for reviewing all requests for access to medical records and who will propose related policies and procedures and other activities designed to facilitate proper documentation of health care and access to records.

730.5 HEALTH RECORD CONTENTS

- (a) To standardize record keeping and to identify responsibilities, the following should apply to inmate health records:

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1. The qualified health care professional or the authorized designee should be responsible for ensuring that all required information and forms are included in the medical records. There should also be a periodic informal review as described in the Continuous Quality Improvement Policy.
 2. The qualified health care professional or the authorized designee should be responsible for ensuring incoming written findings and recommendations are returned with the inmate from any off-site visit and filed in the inmate's medical record.
- (b) Inmate health records shall minimally contain, but are not limited to:
1. Identifying information (e.g., inmate name, identification number, date of birth, sex) on each sheet in the file.
 2. A completed inmate medical/mental health screening form.
 3. Health appraisal information and data forms.
 4. Complaints of illness or injury.
 5. A problem summary, containing medical and mental health diagnoses and treatments as well as known allergies.
 6. Immunization records.
 7. Progress notes of all significant findings, diagnoses, treatments and dispositions.
 8. Clinician orders for prescribed and administered medications.
 9. X-ray and laboratory reports and diagnostic studies.
 10. A record of the date, time and place of each clinical encounter with inmates.
 11. Health service reports.
 12. Individualized treatment plans when available or required.
 13. Consent and refusal forms.
 14. Release of information authorization forms (including HIPAA forms).
 15. Results of specialty consultations and off-site referrals.
 16. Special needs treatment plans, if applicable.

730.6 ACTIVE INMATE HEALTH RECORDS

Active inmate health records will be accessible to qualified health care professionals as necessary for the provision of medical treatment and other uses allowed by law or the Director or the authorized designee, under exigent circumstances, to protect the safety, security and good order of the facility.

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All entries in the inmate health record will have the, date,, signature and title of each individual providing care and should be legible.

Documentation in the inmate health record is done in the subjective, objective, assessment and plan (SOAP) or Data, Assessment, Response and Plan (DARP) format. An inmate health record is initiated at the first health encounter following the initial medical screening.

If an inmate has been previously incarcerated, the previous health record should be reactivated. If a new record has been initiated and a previous record exists, medical records personnel should merge the two records in order to compile a complete history, unless mandated statutory retention schedules have provided for the destruction of one file and there is a need to create a new file.

New information shall be entered on the health record at the completion of each encounter. All inmate health records shall be returned to the file prior to the end of each watch.

730.7 INACTIVE MEDICAL RECORDS

The health record should be reviewed for completeness. Any loose documents should be filed according to the established health record format.

The health record should be securely stored in the area designated for inactive inmate health records, in accordance with established records retention schedules but no less than 8 years from the date of the last clinical encounter. Adult records and juvenile records may have different jurisdictional retention requirements.

Inactive inmate medical records may be stored off-site. Health record information from inactive files may be transmitted to specific and designated physicians or medical facilities upon the written request or authorization of the inmate.

730.8 ELECTRONIC MEDICAL RECORDS

If medical records are maintained in an electronic format, the system should be structured with redundancies to ensure the records will survive any system failure.

730.9 HIPAA COMPLIANCE

The Director, in consultation with the Responsible Physician and/or Health Care Manager, shall ensure that a health record protection and disclosure compliance plan conforming to the requirements of HIPAA is prepared and maintained. The plan should detail all necessary procedures for security and review of the access and disclosure of protected health information.

At minimum, the plan will include:

- Assignment of a HIPAA compliance officer (CCRJC Health Care Manager), who is trained in HIPAA compliance and will be responsible for maintaining procedures for and enforcing HIPAA requirements, including receiving and documenting complaints about breaches of privacy.
- Ongoing training on HIPAA requirements, depending on the level of access the member has to protected health information.

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- Administrative, physical and technical safeguards to protect the privacy of protected health information.
- Procedures for the permitted or required use of disclosure of protected health information and the mitigation of harm caused by improper use or disclosure.
- Protocol to ensure privacy policies and procedures, any privacy practice notices, disposition of any complaints, and other actions, activities and designations required to be documented, are maintained for at least six years after the date of creation or last effective date, whichever is later.

Inmate Health Care Communication

731.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain effective communication between the treating qualified health care professionals and custody personnel. This communication is essential at all levels of the organization to ensure the health and safety of all occupants of the facility.

731.2 POLICY

It is the policy of this department that effective communication shall occur between the Director and the treating qualified health care professionals regarding any significant health issues of an inmate. All health issues should be considered during classification and housing decisions in order to preserve the health and safety of the occupants of this facility.

When a qualified health care professional recognizes that an inmate will require accommodation due to a medical or mental health condition, custody personnel shall be promptly notified.

The Director shall be responsible for establishing measurable goals relating to processes that enhance good communication between the qualified health care professionals and the custody staff. The Director should review the documents annually for any necessary revisions or updates in support of continuous improvement in the delivery of health care services.

731.3 MANAGING SPECIAL NEEDS INMATES

Upon an inmate's arrival at the facility, the qualified health care professional, in consultation with the custody staff, should determine if the inmate has any special needs.

- (a) If staff determines that an inmate has special needs, verbal communication will be relayed to the classification personnel. This is to ensure that the inmate is assigned to a housing unit that is equipped to meet his/her special needs.
- (b) The qualified health care professional should arrange for the appropriate follow-up evaluation.
- (c) The health care of special needs inmates should be continuous and ongoing. At minimum, the inmate should be seen by the Responsible Physician or a qualified health care professional at least once every 90 days to evaluate his/her continued designation as a special needs inmate.
- (d) Inmates who have been determined by qualified health care professionals to require a special needs classification should be seen at least once monthly by a qualified health care professional.
- (e) Prior to transfer to another facility, a medical transfer summary should be completed detailing any special requirements that should be considered while the inmate is in transit and upon his/her arrival at the destination. Discharge planning should be included, as appropriate.
- (f) A treatment plan should be developed for each inmate, which will be part of their medical chart, and should include, at a minimum:

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1. The frequency of follow-up for medical evaluation and anticipated adjustments of the treatment modality.
 2. The type and frequency of diagnostic testing and therapeutic regimens.
 3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and using prescribed medications.
- (g) When clinically indicated, the qualified health care professionals and the custody personnel should consult regarding the condition and capabilities of inmates with known medical and/or psychiatric illnesses or developmental disabilities prior to any of the following:
1. Housing assignment
 2. Program or job assignment
 3. Admissions to, and transfers from or between institutions
 4. Disciplinary measures for mentally ill patients
- (h) Qualified health care professionals and custody personnel should communicate about inmates who require special accommodation. These include, but are not limited to, inmates who are:
1. Chronically ill
 2. Undergoing dialysis
 3. In an adult facility, as an adolescent
 4. Currently in treatment for a communicable disease
 5. Physically disabled
 6. Pregnant
 7. Frail or elderly
 8. Terminally ill
 9. Mentally ill or suicidal
 10. Developmentally disabled

731.4 NOTIFICATION TO SUPERVISORS

In the event that there is no mutual agreement regarding an individual or group of inmates who require special accommodation for medical or mental health conditions, supervisors in the respective chain of command within the health care and custody staff should address these issues.

Forensic Evidence

732.1 PURPOSE AND SCOPE

The purpose of this policy is to maintain credibility between the inmates and the facility's qualified health care professionals by establishing clear guidelines restricting facility health care professionals from participating in the collection of forensic evidence for disciplinary or legal proceedings.

732.1.1 DEFINITION

Definitions related to this policy include:

Forensic evidence - Physical or psychological data collected from an inmate that may be used against the inmate in disciplinary or legal proceedings.

732.2 POLICY

Qualified health care professionals of this facility are generally prohibited from participating in the collection of forensic evidence or performing psychological evaluations for disciplinary or legal proceedings.

Qualified health care professionals of this facility should not be involved in the collection of forensic evidence except when complying with state laws requiring the collection of blood samples from inmates, provided the inmate has consented to the procedure and staff are not involved in any punitive action against the inmate.

Qualified health care professionals of this facility may collect blood or urine for testing for alcohol or drugs when it is done for medical purposes and under a physician's order. Qualified health care professionals of this facility may conduct inmate-specific, court-ordered laboratory tests and examinations or radiology procedures with the consent of the inmate.

Qualified health care professionals of this facility are prohibited from being involved in the following procedures:

- (a) Body cavity searches
- (b) Psychological evaluations for use in adversarial proceedings
- (c) Blood draws for lab studies ordered by the court, without inmate consent
- (d) Any medical procedure, except emergency lifesaving measures, that does not have the inmate's written consent

It shall be the responsibility of the Director or the authorized designee to arrange for appropriately trained professionals to collect forensic evidence for disciplinary or legal proceedings.

Oral Care

733.1 PURPOSE AND SCOPE

The intent of this policy is to ensure that inmates have access to dental care and treatment for serious dental needs. While the focus of this policy is primarily on urgent and emergent dental care, as with medical or mental health care, dental care is available based upon patient need.

733.1.1 DEFINITIONS

Definitions related to this policy include:

Infection control practices - Are defined by the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) as including sterilizing instruments, disinfecting equipment and properly disposing of hazardous waste.

Oral care - Includes instruction in oral hygiene, examinations and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

Oral examination - Includes taking or reviewing the patient's oral history, an extra-oral head and neck examination, charting of teeth and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination.

Oral screening - Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

Oral treatment - Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and for maintaining the inmate's health status.

733.2 POLICY

It is the policy of this department that oral care is provided under the direction of a dentist licensed in this state and that care is timely and includes immediate access for urgent or painful conditions. There are established priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected.

733.3 ACCESS TO DENTAL SERVICES

Emergency and medically required dental care is provided to each inmate upon request. Dental services are not limited to extractions. It is the goal of dental services to alleviate pain and suffering, ensure that inmates do not lose teeth merely as a consequence of incarceration and to provide appropriate dental service whenever medically required to maintain nutrition.

Access to dental services should be as follows:

- (a) All inmates wishing to see the dentist for a non-emergency issue shall complete a sick call form. Requests should be triaged according to the nature and severity of the problem and should be seen by a dentist according to assigned priority. Inmates requesting dental services on weekends or after hours will initially be evaluated by a qualified health care professional and referred appropriately.

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- (b) If an inmate suffers obvious trauma or other dental emergency, the qualified health care professional may arrange for immediate access to a dentist or may transfer the inmate to an emergency room for treatment.
- (c) Inmates who are furloughed or sentenced to work release or another form of community release may see their own dentist pursuant to approval of scheduling arrangements with facility medical and custody staff. The inmate will be financially responsible for any payment. The Department is under no obligation to transport the inmate to this appointment.
- (d) Records documenting all dental treatment should be maintained in the inmate's medical record file and retained in accordance with established records retention schedules.
- (e) Medications prescribed by a dentist should be administered in accordance with pharmacy procedures and documented in the inmate's medical record.
- (f) Necessary dental services identified by a provider that are not available on-site should be provided by referral to community resources as deemed necessary by the facility provider.

733.4 DENTAL CARE OPTIONS

Inmates should be offered a dental screening by a qualified health care professional or a dentist within 14 days of incarceration, unless such a screening was completed within the past six months.

Inmates who are scheduled to be incarcerated for less than 12 months should have access to the treatment of dental pain, fillings, extractions of non-restorable teeth, and treatment of symptomatic areas and repair of partials and dentures.

Pharmaceutical Operations

734.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the procedures and protocols under which the facility must manage a pharmaceutical operation in order to comply with federal, state and local laws that govern prescribing and administering medication.

734.1.1 DEFINITIONS

Definitions related to this policy include:

Administration - The act of giving a single dose of a prescribed drug or biological substance to an inmate. Administration is limited to qualified health care professionals and health-trained custody staff members in accordance with state law (RCW 70.48.490).

Controlled substances - Medications classified by the Drug Enforcement Administration (DEA) as Schedule II-IV (21 USC § 812).

Delivery - The act of providing a properly labeled prescription container (e.g., a dated container that includes the name of the individual for whom the drug is prescribed, the name of the medication, dose and instructions for taking the medication, the name of the prescribing physician and expiration dates). Under these circumstances a single dose at a time can be delivered to the inmate, according to the written instructions, by any qualified health care professional or health-trained custody staff member under the provisions of RCW 70.48.490.

Dispensing - Those acts of processing a drug for delivery or administration to an inmate pursuant to the order of a qualified health care professional. Dispensing consists of:

- Comparing directions on the label with the directions on the prescription or order to determine accuracy.
- Selection of the drug from stock to fill the order.
- Counting, measuring, compounding or preparing the drug.
- Placing the drug in the proper container and affixing the appropriate prescription label to the container.
- Adding any required notations to the written prescription.

Dispensing does not include the acts of distributing, delivery or administration of the drug. The function of dispensing is limited to pharmacists and qualified health care professionals.

Distributing - The movement of a drug, in the originally labeled manufacturer's container or in a labeled pre-packaged container, from the pharmacy to a health care services area.

Dose - The amount of a drug to be administered at one time.

Drug - An article recognized in the United States Pharmacopoeia and National Formulary (USP-NF), the Homeopathic Pharmacopoeia of the United States or any supplement that is intended for

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use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. A substance, other than food, intended to affect the structure or any function of the human body.

Pharmaceutical operations - The functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the jail, the monitoring of inmate drug therapy and the provision of inmate/patient drug information.

734.2 POLICY

It is the policy of this department that pharmaceutical operations meet all federal, state and local legal requirements and be sufficient to meet the needs of the facility population.

The Director or Health Care Manager shall consult with one or more pharmacists and one or more licensed physicians or nurses in the course of developing the procedures related to this policy. A copy of the current policy regarding medication management will be provided to the Washington Association of Sheriffs and Police Chiefs (RCW 70.48.490).

734.3 PHARMACEUTICAL OPERATIONS

- (a) The Health Care Manager, in conjunction with the pharmacist, shall establish a list of all prescription and non-prescription medications available for inmate use.
 - 1. Drugs approved for use in the facility should promote safe, optimum and cost-efficient drug therapy.
 - 2. The list should be periodically updated.
- (b) The Responsible Physician, in conjunction with the Health Care Manager, shall ensure appropriate medication storage, handling and inventory control.
- (c) The Responsible Physician shall review the pharmaceutical operation quarterly and regularly review charts on medication utilization.
- (d) The Health Care Manager, in conjunction with the Responsible Physician, shall be responsible for establishing and maintaining a system for the secure storage and accountability of all controlled substances. Medications shall be stored under proper conditions of security, segregation and environmental control at all storage locations.
 - 1. Medication shall be accessible only to legally authorized persons.
 - 2. Medication and device cabinets (stationary or mobile) shall be closed and locked when not in use.
 - 3. Controlled substances shall be stored and handled in accordance with DEA regulations.
 - 4. Medication requiring refrigeration shall be stored separately, either in a refrigerator that is locked or in a refrigerator that is in a locked room and is used exclusively for medication and medication adjuncts. The inside temperature of this refrigerator shall be maintained between 36 and 46 degrees. The inside temperature shall be monitored and recorded daily on a refrigerator temperature log.

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5. Antiseptics and other medications for external use shall be stored separately from internal and injectable medications.
- (e) Medication shall be kept in pharmacist-packaged or the original manufacturer's labeled containers. Medication shall only be removed from these containers to prepare a dose for administration. Drugs dispensed to inmates who are off grounds or are being discharged from the facility shall be packaged in accordance with the provisions of the federal packaging laws (15 USC § 1471 et seq.) and any other applicable state and federal law.
- (f) Medication shall be properly labeled with the label firmly affixed to the prescription package. Each label shall indicate the name, address and telephone number of the dispensing pharmacy, in addition to:
 1. The medication name, strength, quantity, manufacturer, manufacturer's lot number or internal control number and expiration date.
 2. Directions for use, dispensing date and drug order expiration date. Accessory or cautionary labels shall be applied as appropriate.
 3. In cases where a multiple dose package is too small to accommodate the prescription label, the label may be placed on an outer container into which the multiple dose packages are placed.
- (g) Medication that is outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued or obsolete shall be stored in a separate secure storage area and disposed of in accordance with the following requirements:
 1. Controlled substances shall be disposed of in accordance with the state and federal regulations.
 2. Unused, outdated or discontinued doses or excess inventories of non-controlled drugs that have not been in the possession of the inmate shall be returned to the pharmacy for disposition.
 3. Returned, non-controlled substances that have been in the possession of the inmate, unclaimed personal medication collected at intake or individual doses of medication removed from the original pharmacy packaging shall be destroyed at the facility by health services staff and placed in the medical waste disposal system.
 4. Pharmaceutical waste shall be separated from other types of medical waste for handling and disposal purposes, and will be discarded in designated containers distinctly identified for medical waste.
- (h) All medication preparation, storage and administration areas shall be clean, organized, illuminated, ventilated and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to inmates shall be stored in a locked room that meets similar requirements.
- (i) Current drug reference information, such as a Physician's Desk Reference (PDR) or an approved website, shall be available to staff.

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- (j) An annual report on the status of the pharmaceutical operation may be prepared by the pharmacist and provided to the Responsible Physician and the Director.

734.4 PRESCRIBING MEDICATIONS

All medications shall be prescribed in a safe and effective manner for clinically appropriate reasons and documented in the individual patient medical record. Records shall be retained in accordance with established records retention schedules.

- (a) Any medication prescribed by a qualified health care professional shall specify the drug name, strength, dose, route, frequency, discontinuation date and indication for use if the medication is intended to be used as needed. Medication shall not be prescribed for an indefinite period. The qualified health care professional shall review medication regimens at specified time intervals. An order to continue or discontinue any medication shall be documented in the medical record, which will supersede any earlier orders for that medication. A physician's signature shall be required on all verbal orders on the next provider date.
- (b) Any medication prescription that is not complete or is questionable shall not be prepared until clarification is received from the qualified health care professional. Staff shall make an effort to obtain prescription clarification in a timely manner.
- (c) Medication shall only be ordered upon approval of the Responsible Physician. Medication shall be prescribed and ordered from the facility list of approved medications unless the Responsible Physician approves otherwise.
- (d) Some inmates may be permitted to possess and self-administer some medications when monitored and controlled, in accordance with this policy.
- (e) Apparent adverse drug reactions shall be recorded in the inmate's health record by the qualified health care professional.
- (f) The qualified health care professional shall notify the Health Care Manager of all known medication errors in a timely manner. Medication error reports shall be completed on all known medication errors.

734.5 PER DOSE MEDICATION ADMINISTRATION

Psychotropic medication, controlled substances, tuberculosis (TB) medication, seizure medication and those listed as directly observed therapy (DOT) shall be administered to inmates on a per dose basis. Health-trained custody staff members may administer medication on the order of the Responsible Physician or a qualified health care professional.

- (a) Each medication ordered on a per dose basis for individual inmates shall be kept in the medication room of the facility.
- (b) Medication dispensing envelopes bearing the inmate's name, housing location and the medication and its dosing schedule shall be generated for each inmate receiving per dose medication. These shall be administered from the individually packaged supply and delivered to the patient at each scheduled medication time.
- (c) The qualified health care professional or health-trained custody staff member will confirm the inmate's identity prior to administering the medication by comparing the

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name/booking number on the dispensing envelope with the inmate's facesheet/MAR photo ID.

1. Inmates should have a fluid container and adequate fluid to take the medication being administered.
 2. The qualified health care professional or health-trained custody staff member should observe the inmate taking the medication to prevent "cheeking" or "palming".
 3. The qualified health care professional or health-trained custody staff member should inspect the inmate's mouth after the inmate swallows the medication to ensure it was completely ingested. If the inmate appears to be "cheeking" the medication, a chart entry will be made. If appropriate the medication may be crushed.
- (d) The qualified health care professional or health-trained custody staff member shall record each medication administered by initialing the appropriate date and time. The qualified health care professional or health-trained custody staff member shall authenticate the initials by placing his/her initials, signature or name stamp in the designated area on the lower portion of the MAR. Pre-charting is not allowed.
1. In the event that medication cannot be administered (for example, the inmate is in court or the medication is not in stock), a note explaining the situation shall be made on the MAR.
- (e) The qualified health care professional shall have inmates who refuse their life saving medication sign a refusal form. If the inmate willfully refuses to sign the refusal form, the qualified health care professional shall advise custody staff, who should attempt to resolve the situation through voluntary compliance. The qualified health care professional or health-trained custody staff member shall also:
1. Note the refusal on the medication log including the date and time.
 2. Review the medication logs for prior refusals.
 3. Document patterns of refused medications on the inmate's medical record.
 4. Make a reasonable effort to convince the inmate to voluntarily continue with the medication as prescribed.
 5. Report continued refusals to the Responsible Physician and have the inmate complete and sign a medication refusal form.
- (f) No inmate should be deprived of prescribed medication as a means of punishment.

734.6 SELF-ADMINISTRATION OF MEDICATION

Upon approval of the Responsible Physician or qualified health care professional, inmates may be allowed to self-administer prescribed medication other than psychotropic medication, seizure medication, controlled drugs, TB medication or any medication that is required to be DOT or has the recognized potential for abuse.

The qualified health care professional ordering medication should educate the inmate regarding potential side effects and the proper use of the medication.

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- (a) Medication may be ordered through a pre-booking examination or medical clearance obtained at a hospital or other clinic, an emergency room visit or evaluation by an on-site qualified health care professional.
- (b) Any questions the inmate may have concerning his/her medication should be addressed at this time.
- (c) The inmate shall be instructed to carry medication at all times or to secure it in designated areas within the housing unit.
- (d) All self-administered medications are to be documented on the MAR.
- (e) Upon receipt of the medication, the qualified health care professional or health-trained custody staff member should issue the inmate his/her medication as follows:
 - 1. The qualified health care professional or health-trained custody staff member issuing the medication should confirm correct identity by comparing the name/booking number of the self-administer package to the inmate's facesheet.
 - 2. When issuing self-administered medication, documentation on the MAR should include the number of pills issued and the qualified health care professional or health-trained custody staff member's initials.
- (f) Any self-administered medication may be changed to per-dose at the discretion of the medical staff if the inmate is not responsible enough to self-administer the medication or has a history of frequent rule violations. Documentation in the medical record should accompany any decision to change the medication to per-dose. Custody and health care staff should continuously monitor and communicate with each other regarding inmates complying with the conditions and rules for self-administered medication.
- (g) Inmates who arrive at the facility with prescribed medication should be administered per-dose for any new medications or refills until the new medication or refill is received from the pharmacy.

734.7 NON-PRESCRIPTION MEDICATION

Any over-the-counter non-prescription medication available to inmates for purchase in the facility commissary shall be approved jointly by the Director and the Health Care Manager and shall be reviewed annually.

734.8 TRAINING

All health-trained custody staff members authorized to deliver, administer and provide medication assistance shall be trained pursuant to the provisions of RCW 70.48.490 prior to engaging in any tasks related to delivery or administration of medication (RCW 70.48.490).

Medications authorized for health-trained custody staff to deliver, administer or provide to inmates will be pre-packaged by medical staff. This package will be sealed and have the name of the inmate on the outside of the package for positive identification.

Release Planning

735.1 PURPOSE AND SCOPE

This department recognizes that inmates may require information and assistance with health care follow-up upon release from custody. The purpose of this policy is to establish guidelines to assist staff with providing resources for the continuity of an inmate's health care after he/she is released from custody.

735.1.1 DEFINITION

Definitions related to this policy include:

Release planning - The process of providing sufficient resources for the continuity of health care to an inmate before his/her release to the community.

735.2 POLICY

The qualified health care professional should work with correctional staff to ensure that inmates who have been in custody for 30 or more days and have pending release dates, as well as serious health, dental or mental health needs, are provided with medication or written prescription and health care resources sufficient for the inmate to seek health care services once released.

The Director or the authorized designee shall be responsible for ensuring that community resource information is kept current. Release planning should include:

- (a) Resources for community-based organizations that provide health care services, housing, funding streams, employment and vocational rehabilitation.
- (b) Lists of community health professionals.
- (c) Discussions with the inmate that emphasize the importance of appropriate follow-up care.
- (d) Specific appointments and medications that are arranged for the inmate at the time of release.

735.3 PREPARATION FOR RELEASE

Upon notification of the imminent release of an inmate who has been identified as having serious medical or mental health needs, release planning shall include the following:

- (a) With the inmate's written consent, the qualified health care professional should:
 - 1. Share necessary information with health care services.
 - 2. Arrange for follow-up appointments.
 - 3. Arrange for the transfer of health summaries and relevant parts of the health record to community health care services or others who are assisting in planning for or providing services upon the inmate's release.
- (b) Contact with community providers shall be documented via an administrative note in the inmate's health record.

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- (c) Inmates with serious mental health issues, including those receiving psychotropic medication, shall be informed about community options for continuing treatment and provided with follow-up appointments, when reasonably possible.
- (d) Medication will be provided as appropriate.

735.4 RELEASE PLANNING RECORDS

All records of community referrals, transfer forms, logs, documentation of release planning, lists of medication provided, records release authorization forms and any other relevant documents shall be maintained in the inmate's health file and retained in accordance with established records retention schedules.

Privacy of Care

736.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to privacy and confidentiality regarding their health-related issues. It also recognizes inmates' right to health care services that are provided in such a manner as to ensure that privacy and confidentiality, and encourage inmates use and trust of the facility's health care system.

736.1.1 DEFINITION

Definitions related to this policy include:

Clinical encounters - Interactions between inmates and health care professionals involving a treatment and/or an exchange of confidential health information.

736.2 POLICY

It is the policy of this department that, in order to instill confidence in the health care system by the inmate population, all discussions of health-related issues and clinical encounters, absent an emergency situation, will be conducted in a setting that respects the inmate's privacy and encourages the inmate's continued use of health care services.

736.3 CLINICAL EVALUATIONS

Emergency evaluations and rendering of first aid should be conducted at the site of the emergency, if reasonably practicable, with transfer to the medical clinic or emergency room as soon as the inmate is stabilized.

Custody personnel will be present to provide security if the inmate poses a risk to the safety of the qualified health care professional or others.

736.4 REPORTING INAPPROPRIATE ACCESS OF MEDICAL INFORMATION

The Director and the Responsible Physician and/or Health Care Manager shall establish a process for staff, inmates or any other persons to report the improper access or use of medical records.

736.5 TRAINING

All corrections personnel, interpreters and qualified health care professionals who are assigned to a position that enables them to observe or hear qualified health care professional/inmate encounters shall receive appropriate training on the importance of maintaining confidentiality when dealing with inmate health care. The Professional Services Sergeant shall be responsible for scheduling such training and for maintaining training records that show the employee attended, in accordance with established records retention schedules. This will be included with annual in-service training.

Chapter 8 - Environmental Health

Inmate Safety

806.1 PURPOSE AND SCOPE

The purpose of this policy is to establish safety practices to reduce inmate injuries by analyzing causes of injuries and identifying and implementing corrective measures.

806.2 POLICY

The Chelan County Regional Justice Center will provide a safe environment for individuals confined at this facility, in accordance with all applicable laws, investigating inmate injuries and taking corrective actions as necessary to reduce accidents and injury.

The Operations Sergeant will be responsible for the oversight of inmate safety practices. These practices will include, but not be limited to:

- A system to identify and evaluate hazards.
- Analysis of inmate injury reports to identify causes and to recommend corrective actions.
- Establishment of methods and procedures to correct unsafe and/or unhealthful conditions and work practices in a timely manner.

806.3 INVESTIGATION OF REPORTED INMATE INJURY

Whenever there is a report of an injury to an inmate that is the result of accidental or intentional acts, other than an authorized use of force by custody staff, the Director or the authorized designee will initiate an investigation to determine the cause of the injury and develop a plan of action whenever a deficiency is identified. Injuries resulting from use of force incidents will be investigated and reported in accordance with the Use of Force Policy.

806.4 INVESTIGATION REPORTS

The on duty supervisor shall ensure that reports relating to an inmate's injury are completed and should include the following:

- Potential cause of injury
- Special Reports
- Any other relevant documents

806.5 ANNUAL REVIEWS

The Director or the authorized designee shall conduct an annual review of all injuries involving inmates for the purpose of identifying problem areas and documenting a plan of action to abate circumstances relating to inmate injuries.

The plan of action should include, but not be limited to:

- The area where the deficiencies have been identified.
- Strategies to abate the deficiency.

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- Resources needed to correct a deficiency.
- The person or persons responsible for taking corrective action and the target completion date.

Inmate Hygiene

807.1 PURPOSE AND SCOPE

This policy outlines the procedures that will be taken to ensure the personal hygiene of every inmate in the Chelan County Regional Justice Center jail is maintained. The Chelan County Regional Justice Center recognizes the importance of each inmate maintaining acceptable personal hygiene practices by providing adequate bathing facilities, and the issuance and exchange of clothing, bedding, linens, towels, and other necessary personal hygiene items.

807.2 POLICY

It is the policy of the Chelan County Regional Justice Center to maintain a high standard of hygiene in compliance with the requirements established by all state laws, ordinances, and regulations. Compliance with laws and regulations relating to good inmate hygiene practice is closely linked with good sanitation practices. Therefore, the need to maintain a high level of hygiene is not only for the protection of all inmates, but for the safety of the correctional staff, volunteers, contractors, and visitors.

807.3 RESPONSIBILITIES

The Director shall ensure the basic necessities related to personal care are provided to each inmate upon entry into the general population. Appropriate additional personal care items may be available for purchase from the inmate commissary.

807.4 STORAGE SPACE

There should be adequate and appropriate storage space for inmates' bedding, linen, or clothing. The inventory of clothing, bedding, linen, and towels should exceed the maximum inmate population so that a reserve is always available.

The facility should have clothing, bedding, personal hygiene items, cleaning supplies, and any other items required for the daily operation of the facility, including the exchange or disposal of soiled or depleted items. The assigned staff shall ensure that the storage areas are properly maintained and stocked. The Director should be notified if additional storage space is needed.

807.4.1 BEDDING ISSUE

Upon entering a living area of the Chelan County Regional Justice Center, every inmate who is expected to remain in the facility for more than eight hours shall be issued bedding and linens including but not limited to:

- (a) Sufficient freshly laundered blankets to provide comfort under existing temperature conditions. Blankets shall be exchanged and laundered in accordance with facility operational laundry rules.
- (b) One clean, nontoxic, fire-retardant mattress (16 CFR 1633.1 et seq.).
 - 1. Mattresses will be serviceable and enclosed in an easily cleanable, nonabsorbent material and conform to the size of the bunk. Mattresses will be cleaned and disinfected prior to reissue.

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- (c) One sheet.
- (d) One bath towel.

Linen exchange, including towels, shall occur at least weekly and shall be documented in the daily activity log. The on duty supervisor shall review the daily activity log at least once per shift.

The Director or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that bedding issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

807.4.2 CLOTHING ISSUE

An inmate admitted to a facility and assigned to a living unit shall be issued a set of facility clothing. The issue of clothing appropriate to the climate for inmates shall include but is not limited to the following:

- Footwear
- Shirt
- Pants

Clothing shall be exchanged once each week, at a minimum. All exchanges shall be documented on the daily activity log. The Sergeant or unit supervisor shall review the daily activity log at least once per shift.

Additional clothing may be issued as necessary for changing weather conditions or as seasonally appropriate. An inmate's personal undergarments and footwear may be substituted for the institutional undergarments and footwear, provided there is a legitimate medical necessity for the items and they are approved by the medical staff.

Each inmate assigned to a special work area, such as food services, and other specified work, shall be clothed in accordance with the requirements of the job, including any appropriate protective clothing and equipment, which shall be exchanged as frequently as the work assignment requires.

The Director or the authorized designee shall conduct both scheduled and unannounced inspections of the facility to ensure that clothing issuance policies and procedures are carried out in accordance with the applicable laws and regulations.

The Director or the authorized designee shall ensure that the facility maintains a sufficient inventory of extra clothing to ensure each inmate shall have neat and clean clothing appropriate to the season.

807.5 LAUNDRY SERVICES

Laundry services shall be managed so that daily clothing, linen, and bedding needs are met.

807.6 INMATE ACCOUNTABILITY

To ensure inmate accountability, inmates are required to exchange item for item when clean clothing, bedding, and linen exchange occurs.

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807.7 PERSONAL HYGIENE OF INMATES

Personal hygiene items, hair care services and facilities for showers will be provided in accordance with applicable laws and regulations. This is to maintain a standard of hygiene among inmates in compliance with the requirements established by state laws as part of a healthy living environment.

Each inmate held more than 24 hours shall be issued, at a minimum, the following items:

- One bar of bath soap or equivalent
- One unbreakable comb or brush
- Toothpaste or powder
- Toothbrush
- Toilet paper
- Materials as appropriate to the special hygiene needs of women

The Director or the authorized designee may modify this list to accommodate the use of liquid soap and shampoo dispensers. Personal hygiene items should be appropriate for the inmate's sex. Additional hygiene items shall be provided to inmates upon request, as needed.

Inmates shall not be required to share personal care items or disposable razors. Used razors are to be disposed into approved sharps containers. Other barbering equipment capable of breaking the skin must be disinfected between individual uses, as prescribed by the state governing body overseeing such practices.

The Director or the authorized designee may suspend this requirement for any inmate who is considered a danger to him/herself or others.

807.8 AVAILABILITY OF PLUMBING FIXTURES

Inmates confined to cells or sleeping areas shall have access to toilets and washbasins with hot and cold running water that is temperature controlled. Access shall be available at all hours of the day and night without staff assistance, unless circumstances dictate otherwise.

807.9 INMATE SHOWERS

Inmates will be allowed to shower upon assignment to a housing unit and every other day thereafter or more often if possible. There should be one shower for every 20 inmates unless federal, state, or local building or health codes differ (Due to this facilities age, we have several cells that cannot meet this standard). Showering facilities for inmates housed at this facility shall be clean and properly maintained.

Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates (28 CFR 115.42).

807.10 DELOUSING MATERIALS

Delousing materials and procedures shall be approved through consultation with the Responsible Physician or qualified health care professionals.

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807.11 ADDITIONAL PRIVACY REQUIREMENTS

Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit (28 CFR 115.15).

Chapter 9 - Food Services

Food Services

900.1 PURPOSE AND SCOPE

The Department recognizes the importance of providing nutritious food and services to inmates to promote good health, to reduce tension in the jail and ultimately support the safety and security of the jail. This policy provides guidelines on the preparation of food services items and dietary considerations for inmates housed in the facility.

900.2 POLICY

It is the policy of this department that food services shall provide inmates with a nutritionally balanced diet in accordance with federal, state and local laws, and with regulations for daily nutritional requirements.

The food services operation shall be sanitary and shall meet the acceptable standards of food procurement, planning, preparation, service, storage and sanitation in compliance with Food and Drug Administration (FDA) and United States Department of Agriculture (USDA) requirements.

900.3 FOOD SERVICES LEAD

The food services lead shall be responsible for oversight of the day-to-day management and operation of the food services area, including:

- Developing, implementing and managing a budget for food services.
- Ensuring sufficient staff is assigned and scheduled to efficiently and safely carry out all functions of food services operations.
- Establishing, developing and coordinating appropriate training for staff and inmate workers.
- Developing a menu plan that meets all nutrition and portion requirements and can be produced within the available budget.
- Other duties and activities as determined by the Director.

900.4 MENU PLANNING

All menus shall be planned, dated and available for review at least one month in advance of their use. Records of menus and of foods purchased shall be kept on file for one month. Menus shall provide a variety of foods and should consider food flavor, texture, temperature, appearance and palatability. Menus shall be approved by a registered dietitian or nutritionist before being served to ensure the recommended dietary allowance for basic nutrition meets the needs of the appropriate age group.

Any changes to the meal schedule, menu or practices should be carefully evaluated by the food services lead in consultation with the Director, dietician, medical staff and other professionals, and shall be recorded. All substitutions will be of equal or better nutritional value. If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.

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Menus as planned, including changes, shall be evaluated by a registered dietitian at least annually. Facility menus shall be evaluated at least quarterly by the food services supervisory staff to ensure adherence to established daily servings.

Copies of menus, foods purchased, annual reviews and quarterly evaluations should be maintained by the food services lead in accordance with established records retention schedules (WAC 44-14-03005).

900.5 FOOD SAFETY

Temperatures in all food storage areas should be checked and recorded at the beginning of each shift, but shall be checked and recorded at least once daily. Holding temperatures for cold and hot foods shall be checked and recorded every two hours. Hot food shall be reheated to 165 degrees if it falls below 135 degrees at any time.

All reach-in or walk-in refrigerators and cold storage must maintain food temperature as outlined in the Food Storage Policy.

One sample for each meal served shall be dated and maintained under refrigeration for testing in the event of a food-borne illness outbreak. Sample meals shall be discarded at the end of three days if no food-borne illness is reported.

Food production shall be stopped immediately if there is any sewage backup in the preparation area or if there is no warm water available for washing hands. Food production shall not resume until these conditions have been corrected.

900.6 THERAPEUTIC DIETS

The food services lead shall be responsible for ensuring that all inmates who have been prescribed therapeutic diets by qualified health care professionals are provided with compliant meals. A therapeutic diet manual, which includes samples of medical diets, shall be maintained in the health services and food services areas for reference and information.

More complete information may be found in the Prescribed Therapeutic Diets Policy.

Women who are known to be pregnant or lactating shall be provided a balanced, nutritious diet approved by a physician.

900.7 RELIGIOUS DIETS

The Food Services Lead, to the extent reasonably practicable, will provide special diets for inmates in compliance with the parameters of the Religious Programs Policy and the Religious Land Use and Institutionalized Persons Act (RLUIPA).

When religious diets are provided, they shall conform to the nutritional and caloric requirements for non-religious diets.

900.8 FOOD SERVICES REQUIREMENTS

All reasonable efforts shall be made to protect inmates from food-borne illness. Food services staff shall adhere to sanitation and food storage practices and there shall be proper medical screening

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and clearance of all food handlers in accordance with the Food Services Workers' Health, Safety and Supervision Policy.

Food production and services will be under staff supervision. Food production, storage and food handling practices will follow the appropriate federal, state or local sanitation laws.

900.9 MEAL SERVICE PROCEDURE

Meals shall be served at least three times during each 24-hour period. At least one meal must include hot food. Any deviation from this requirement shall be subject to the review and approval of a registered dietitian to ensure that inmates receive meals that meet nutritional guidelines.

Inmates must be provided a minimum of 15 minutes dining time for each meal. There must be no more than 14 hours between a substantial evening meal and breakfast. A substantial evening meal is classified as a serving of three or more menu items at one time to include a high quality protein, such as meat, fish, eggs or cheese. The meal shall represent no less than 20 percent of the day's total nutrition requirements. If more than 14 hours pass between meals, approved snacks will be provided. If a nourishing snack is provided at bedtime, up to 16 hours may elapse between the substantial evening meal and breakfast. A nourishing snack is classified as a combination of two or more food items from two of the four food groups, such as cheese and crackers or fresh fruit and cottage cheese.

Inmates who miss, or may miss, a regularly scheduled meal must be provided with a beverage and a sandwich or substitute meal. Approved snacks should be served to inmates on medical diets in less than the 14-hour period if prescribed by the Responsible Physician or registered dietitian. Inmates on medical or therapeutic meals who miss their regularly scheduled meal will be provided with their prescribed meal.

Staff should identify inmates who have prescribed therapeutic or authorized religious diets so those inmates receive their meals accordingly.

900.10 EMERGENCY MEAL SERVICE PLAN

The food services lead shall establish and maintain an emergency meal service plan for the facility.

Such a plan should ensure that there is at least a seven-day supply of food maintained in storage for inmates. In the event of an emergency that precludes the preparation of at least one hot meal per day, the Director may declare an "Emergency Suspension of Standards" for the period of time the emergency exists.

In the event that the inmate food supply drops below that which is needed to provide meals for two days, the Director or the authorized designee shall purchase food from wholesale or retail outlets to maintain at least a four-day supply during the emergency.

Depending on the severity and length of the emergency, the Director should consider requesting assistance from allied agencies through mutual aid or the National Guard.

Food Services Training

901.1 PURPOSE AND SCOPE

The purpose of this policy is to reduce the risk of potential injury to staff, contractors and inmate workers in the food services areas by developing and implementing a comprehensive training program in the use of equipment and safety procedures.

901.2 POLICY

The Chelan County Regional Justice Center ensures a safe and sanitary environment is maintained for the storage and preparation of meals through the appropriate training of food services staff and inmate workers.

901.3 TRAINING

The food services lead, under the direction of the Director, is responsible for ensuring that a training curriculum is developed and implemented in the use of equipment and safety procedures for all food services personnel, including staff, contractors and inmate workers.

The training shall include, at minimum:

- (a) Work safety practices and use of safety equipment.
- (b) Sanitation in the facility's food services areas.
- (c) Reducing risks associated with operating machinery.
- (d) Proper use of chemicals in food services areas.
- (e) Employing safe practices.
- (f) Facility emergency procedures.

A statement describing the duties and proper time schedule should be developed for each job function in the facility's kitchen and food services operation. The food services lead, at the direction of the Director, should establish an employee/kitchen worker training course, and all staff or inmate workers shall be trained on how to assemble, operate, clean and sanitize kitchen equipment.

Information about the operation, cleaning and care of equipment, including manufacturer's literature, that is suitable for use as reference material shall be kept in the food services operation area. The reference material should be used in developing training on the use of the equipment and the maintenance and cleaning procedures.

Safety and sanitation shall be the primary consideration in equipment purchase and replacement. Placement and installation of equipment must be carefully planned to facilitate cleaning, sanitizing, service and repairs. The equipment must also meet any applicable government codes.

901.4 TESTING

A test should be developed to determine and document that the food services staff understands the proper procedures demonstrated during training. Food services staff are required to pass the test in order to work in the food services area. Upon achievement of a passing score, the food

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services staff shall acknowledge receipt of the training in writing. The signed document shall be forwarded to the Professional Services Sergeant and retained in the staff training file. Contracted service providers should be required to provide documentation and certification of their employees. Only trained personnel are authorized to use food services equipment.

901.5 BRIEFING TRAINING

The food services lead should consider monthly briefing training as a method of staff development. Regular and repetitive trainings of short duration (8 to 10 minutes) at the beginning of each shift are an effective and cost efficient way to maintain the competency of staff. A lesson plan and record of attendance should be incorporated into the briefing training. Records of all training, including training for contract workers, should be forwarded to the Professional Services Sergeant and maintained in the worker's training files in accordance with established records retention schedules (WAC 44-14-03005).

Dietary Guidelines

902.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that the nutritional needs of the inmates are met and that overall health is promoted through the use of balanced nutritious diets.

902.2 POLICY

It is the policy of this department that diets provided by this facility will meet or exceed the guidelines established in the current publication of the U.S. Department of Agriculture's Dietary Guidelines for Americans (DGA).

902.3 REVIEW OF DIETARY ALLOWANCES

The food services lead is responsible for developing the facility's menus and shall ensure that all menus served by food services comply with the DGA guidelines. Any deviation from the DGA guidelines shall be reviewed by the Director and/or Director and the Responsible Physician.

The food services lead or the authorized designee shall ensure that the facility's menus and dietary allowances are evaluated annually by a registered dietitian, and that any changes meet the DGA guidelines. A registered dietitian must approve menus before they are used.

Menus should be evaluated at least quarterly by food services supervisory staff to verify adherence to the established daily serving requirements.

902.4 MENU CYCLE PLANNING

The food services lead or the authorized designee should plan the menus one month in advance of their use.

Any menu substitutions must use better or similar items. The planning and preparation of all meals should consider the overall palatability of the planned meal including the appearance and temperature of the food, and the flavor and texture of food combinations.

Menus should include the following minimum food group allowances:

- (a) Dairy Group: Three servings of fatfree or lowfat milk or food providing at least 250 mg. of calcium and equivalent to 8 ounces of fluid milk. Four servings for women who are pregnant or lactating.
- (b) Vegetable-Fruit Group: Five servings of fruits and vegetables. At least one serving shall be from each of the following three categories:
 - 1. One serving of a fresh fruit or vegetable.
 - 2. One serving of a Vitamin A source, fruit or vegetable, containing at least 200 micrograms retinol equivalents or more.
 - 3. One serving of a Vitamin C source containing at least 30 mg. or more.
- (c) Grain Group: A minimum of six servings of grains, three of which must be made with some whole grains.

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- (d) Protein Group: Three servings of lean meat, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter or textured vegetable protein, equivalent to 14 grams or more of protein. In addition, a fourth serving from the legumes category shall be served three days a week.
- (e) Total dietary fat should not exceed 30 percent of the total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.

Providing only the minimum servings outlined in the requirements above is not sufficient to meet the caloric requirements of an inmate. Additional servings of dairy, vegetable-fruit and grain groups must be provided in amounts to meet caloric requirements.

Food Services Workers' Health, Safety and Supervision

903.1 PURPOSE AND SCOPE

The purpose of this policy is to establish basic personal health, hygiene, sanitation and safety requirements to be followed by all food services workers and to ensure the proper supervision of food services staff and inmate workers.

903.2 POLICY

The Chelan County Regional Justice Center will ensure that meals are nutritionally balanced, safe and prepared and served in accordance with applicable health and safety laws. All inmate food services workers will be properly supervised by kitchen staff to ensure safety and security at all times.

903.3 FOOD SERVICES LEAD RESPONSIBILITIES

The food services lead is responsible for developing and implementing procedures to ensure that all meals are prepared, delivered and served only under direct supervision by staff.

Work assignments shall be developed to ensure that sufficient food services staff is available to supervise inmate food services workers. The food services lead should coordinate with the corrections supervisor to ensure that sufficient kitchen staff is available to supervise inmate meal service.

The food preparation area must remain clean and sanitary at all times. The food services lead or the authorized designee shall post daily, weekly and monthly cleaning schedules for the equipment and food preparation area.

903.4 MEDICAL SCREENING

The food services lead shall work cooperatively with the Responsible Physician to develop procedures to minimize the potential for spreading contagious disease and food-borne illness. In an effort to prevent the spread of illness, the following shall be strictly observed:

- (a) All food services workers shall have a pre-employment/pre-assignment medical examination, in accordance with local requirements, to ensure freedom from diarrhea, skin infections and other illnesses transmissible by food or utensils.
- (b) Periodic reexaminations of food services workers shall be given to ensure freedom from any disease transmissible by food or utensils.
- (c) Food services workers shall have education and ongoing monitoring in accordance with the standards set forth in the applicable government health and safety codes.
- (d) A supervisor shall inspect and monitor all persons working in any food services area on a daily basis for health and cleanliness, and shall remove anyone exhibiting any signs of food-transmissible disease from any food services area.

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- (e) Any person working in any food services area who is diagnosed by a qualified health care professional with a contagious illness should be excluded from the food services areas until medically cleared to return to work.
- (f) All food handlers shall wash their hands when reporting for duty and after using toilet facilities. Aprons shall be removed and secured in a clean storage area before entering the toilet facility.
- (g) Food services workers shall wear disposable plastic gloves and a protective hair covering, such as a hat or hairnet, when handling or serving food. Gloves shall be changed after each task is completed.
- (h) Any outside vendor must submit evidence of compliance with state and local regulations regarding food safety practices.
- (i) Smoking at any time is prohibited in any food services area (RCW 70.160.030).
- (j) Documentation of compliance with all of the above and with any other risk-minimizing efforts implemented to reduce food transmissible disease shall be maintained in accordance with established records retention schedules (WAC 44-14-03005).
- (k) All food services workers shall report to a kitchen lead any information about their health and activities in accordance with health and safety codes as they relate to diseases that are transmittable through food, (e.g., open sores, runny nose, sore throat, cough, vomiting, diarrhea, fever, recent exposure to contagious diseases such as Hepatitis A or tuberculosis).

Any food services worker is prohibited from handling food or working in any food services area if he/she reports symptoms such as vomiting, diarrhea, jaundice, sore throat with fever or has a lesion containing pus, such as a boil or infected wound that is open or draining. Food service workers shall only return to work in food service areas when cleared by a qualified health care professional.

903.5 TRAINING REQUIREMENTS FOR FOOD SERVICES WORKERS

The food services lead is responsible for developing and implementing a training program for inmate food services that includes food safety, proper food-handling techniques and personal hygiene. Each inmate food services worker shall satisfactorily complete the initial training prior to being assigned to prepare, deliver or serve food. Food services workers should receive periodic supplemental training as determined by the kitchen lead.

The training curriculum for inmate food services workers should include, at minimum, the following topics:

- Proper hand-washing techniques and personal hygiene as it applies to food services work
- Proper application and rotation of gloves when handling food
- Proper use of protective hair coverings, such as hats or hairnets
- Wearing clean aprons and removing aprons prior to entering toilet facilities

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- Maintaining proper cooking and holding temperatures for food
- Proper portioning and serving of food
- Covering coughs and sneezes to reduce the risk of food-borne illness transmission
- Reporting illness, cuts or sores to the custody staff in charge

903.6 SUPERVISION OF INMATE WORKERS

Only personnel authorized to work in the food preparation area will be allowed inside. Inmate food handlers working in the kitchen must be under the supervision of a staff member. The Director will appoint at least one qualified kitchen lead, who will be responsible for the oversight of daily activities and ensuring food safety. The appointed staff member must be certified by passing the American National Standards Institute food safety manager certification examination.

Sufficient kitchen staff shall be assigned to supervise and closely monitor inmate food services workers. Staff shall ensure that inmate food services workers do not misuse or misappropriate tools or utensils, and that all workers adhere to the following:

- Correct ingredients are used in the proper proportions.
- Food is maintained at proper temperatures.
- Food is washed and handled properly.
- Food is served using the right utensils and in the proper portion sizes.
- Utensils such as knives, cutting boards, pots, pans, trays and food carts used in the preparation, serving or consumption of food are properly washed and sanitized after use. Disposable utensils and dishes will not be reused.
- All utensils are securely stored under sanitary conditions when finished.

903.7 SUPERVISION OF THE FOOD SUPPLY

The risk of conflict and protest is reduced when the inmate population has confidence in the safety and quality of their food. Kitchen staff should supervise the transport and delivery of food to the respective serving areas. Kitchen staff should ensure the food is protected during transportation, delivered to the right location efficiently and under the right temperatures.

Food services staff should report any suspected breach in the safety or security of the food supply. Staff should be alert to inmate behavior when serving food, and cognizant of any comments concerning perceived contamination or portioning issues. Staff should report any suspicion of inmate unrest to a supervisor.

Any change to the published menu or the standard portioning should be documented and reported to the kitchen lead as soon as practicable.

Food Preparation Area

904.1 PURPOSE AND SCOPE

This policy is intended to ensure the proper design and maintenance of the food preparation area.

904.2 POLICY

It is the policy of this department to comply with all federal, state and local laws and regulations concerning the institutional preparation of food.

904.3 COMPLIANCE WITH CODES

The kitchen lead(s) are responsible for ensuring that food preparation and service areas are in compliance with all applicable laws and regulations and that food preparation areas are sanitary, well lit, ventilated and have adequate temperature-controlled storage for food supplies.

Any physical changes in the food preparation area, such as changing equipment or making major menu changes (from cold production to hot food), must be approved by the local public health entity to ensure adequate food protection.

Living or sleeping quarters are prohibited in the food preparation and food services areas.

The food preparation area must avoid cross contamination and remain free from vermin infestation.

904.4 CONSTRUCTION REQUIREMENTS

All remodeling and new construction of food preparation areas shall comply with federal, state and local building codes, comply with food and agricultural laws and standards and include any required approvals from any local regulatory authority.

The food preparation area shall be sized to include space and equipment for adequate food preparation for the facility's population size, type of food preparation and methods of meal service.

Floors, floor coverings, walls, wall coverings and ceilings should be designed, constructed and installed so they are smooth, non-absorbent and attached so that they are easily cleanable.

Except in the area used only for dry storage, porous concrete blocks or bricks used for interior walls shall be finished and sealed for a smooth, non-absorbent, easily cleanable surface.

Food storage areas shall be appropriately clean, sized, typed and temperature-controlled for the food being stored.

Lighting throughout the kitchen and storage areas shall be sufficient for staff and inmates to perform necessary tasks.

Mechanical ventilation of sufficient capacity to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes shall be provided, if necessary.

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All equipment used in the food preparation area shall be commercial grade and certified by the American National Standards Institute or approved by a registered environmental health professional/sanitarian.

Dishwashing machines will operate in accordance with the manufacturer recommendations and hot water temperatures will comply with federal, state and local health requirements.

Equipment must be smooth, easy to clean, and easy to disassemble for frequent cleaning.

Equipment should be corrosion resistant and free of pits, crevices or sharp corners.

Dry food storage must have sufficient space to store a minimum of 15 days of supplies. All food must be stored in sealed containers and a minimum of 6 inches off the floor.

904.5 TOILETS AND WASHBASINS

Adequate toilet and washbasin facilities shall be located in the vicinity of the food preparation area for convenient sanitation and proper hygiene. Toilet facilities shall be completely enclosed and shall have tight-fitting, self-closing, solid doors, which shall be closed except during cleaning and maintenance.

Signs shall be conspicuously posted throughout the food preparation area and in each restroom informing all food services staff and inmate workers to wash their hands after using the restroom. Signs shall be printed in English and in other languages as may be dictated by the demographic of the inmate population.

To reduce the potential for contaminants being brought into the food preparation area, toilet facilities in the vicinity of the food preparation area should be limited to use by the food services staff and inmate workers only. Anyone working in the food services area must store their aprons in a designated clean area before entering the toilet facilities.

The kitchen lead(s) shall be responsible for procedures to ensure:

- (a) All fixtures in the toilet facilities are clean and in good operating condition.
- (b) A supply of toilet tissue is maintained at each toilet at all times. Toilet facilities used by women shall have at least one covered waste receptacle.
- (c) The hand-washing station located adjacent to the toilet facility has warm water available and is kept clean and in good operating condition. Single-dispensing soap and a method for drying hands shall be provided at all times.

If the toilet facility is outside of the kitchen area, food services workers must wash their hands after using the toilet facility and again upon returning to the kitchen area before preparing or serving food.

Food Budgeting and Accounting

905.1 PURPOSE AND SCOPE

The purpose of this policy is to establish processes that will enable the facility's food services to operate within its allocated budget, and for the development of specifications for purchasing food, equipment and supplies for the delivery of food services.

905.2 POLICY

The Chelan County Regional Justice Center food services facilities shall serve nutritious meals in an efficient and cost-effective manner in accordance with the Washington State Department of Health and with all other applicable laws and standards.

905.3 KITCHEN LEAD(S) RESPONSIBILITIES

The kitchen lead(s) is responsible for maintaining a per meal, per inmate budget for food, equipment and supplies that are needed for the effective operation of the facility food services. This includes monitoring purchases according to the budgeted weekly and monthly spending plans.

The volume for purchasing should be based upon the food services needs and storage availability. The kitchen lead(s) are responsible for establishing and maintaining detailed records and proper accounting procedures, and should be prepared to justify all expenditures and work within future budget requirements.

905.4 PROCEDURE

The kitchen lead(s) are responsible for ensuring that food services are delivered in an efficient and cost-effective manner by employing the following procedures, including, but not limited to:

- (a) Assist in developing an annual budget that is realistically calculated according to previous spending data and available revenue, and lists all anticipated costs for the food services operation for the coming year.
- (b) Establishing a per meal, per inmate cost using an inventory of existing supplies and planned purchases, minus the anticipated ending inventory.
- (c) Ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the date and time of service and the number of:
 1. Meals prepared and served for each meal period.
 2. Meals served per location.
 3. Prescribed therapeutic diet meals served.
 4. Authorized religious diet meals served.
 5. Authorized disciplinary detention diet meals served.
- (d) Ensuring that food is purchased from an approved wholesale/institutional vendor to ensure food safety.
- (e) Bulk-purchasing nonperishable items to maximize the budget dollars.

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- (f) Continuous monitoring and improvement to minimize poor food management and/or accounting, including, but not limited to:
 - 1. Following planned menus.
 - 2. Inspection of food deliveries to ensure the right quantity is delivered and the condition of the food is acceptable.
 - 3. Purchasing food that is in season.
 - 4. Purchasing the grade of product best suited to the recipe.
 - 5. Following standard recipes.
 - 6. Producing and portioning only what is needed.
 - 7. Minimizing food production waste and establishing appropriate food storage and rotation practices, including proper refrigeration.
 - 8. When reasonably practicable, responding to the inmate's food preferences.
 - 9. Establishing minimum staffing requirements based on the layout and security requirements of the facility.
 - 10.
- (g) Establishing purchasing specifications, which are statements of minimum quality standards and other factors, such as quantity and packaging. A basic specification should contain:
 - 1. The common name of the product.
 - 2. The amount to be purchased.
 - 3. The trade, federal or other grade or brand required.
 - 4. The container size and either an exact, or a range of the number of pieces in a shipping container.
 - 5. The unit on which prices are to be quoted (e.g., 6/#10 cans, 10/gallons).
- (h) Establishing accounting procedures for financial statements and inventory control.
- (i) Maintaining records of invoices, purchase orders, meal count sheets, food production records, therapeutic and religious diet records, inventory of food, supplies and equipment for the required period of time, as mandated by the governing body of the facility.

905.5 MONTHLY REPORTING

The kitchen lead(s) are responsible for ensuring that accurate meal record data is collected and maintained. Meal records should include, but not be limited to, the number of:

- (a) Meals prepared and served for each meal period.
- (b) Meals served per location.
- (c) Prescribed therapeutic diet meals served.
- (d) Authorized religious diet meals served.

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(e) Authorized disciplinary diet meals served.

A monthly report summarizing all data should be provided to the Director and/or designee.

All meal records shall be retained in accordance with department retention schedules and state statutory regulations (WAC 44-14-03005).

Food Services Facilities Inspection

906.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for inspecting food services areas and facilities to ensure a safe and sanitary environment for staff and inmates.

906.2 POLICY

It is the policy of the Chelan County Regional Justice Center that the food services area be maintained in a safe, sanitary condition by conducting regularly scheduled inspections, both by facility staff and by an outside independent inspection authority as may be required by law.

906.3 CLEANING AND INSPECTIONS BY STAFF

The food services lead shall ensure the food preparation areas and all equipment in the food services area are inspected weekly. Adequate hot and cold water should be available in the kitchen. Water temperature of all fixtures, including washing equipment, should be checked and recorded weekly to ensure compliance with the required temperature range. Deficiencies noted by inspections shall be promptly addressed.

A cleaning schedule for each food services area shall be developed and posted for easy reference by staff, and shall include areas such as floors, walls, windows and vent hoods. Equipment, such as chairs, tables, fryers and ovens, should be grouped by frequency of cleaning as follows:

- After each use
- Each shift
- Daily
- Weekly
- Monthly
- Semi-annually
- Annually

The food services lead is responsible for establishing and maintaining a record-keeping system to document the periodic testing of sanitary conditions and safety measures, in accordance with established records retention schedules (WAC 44-14-03005). At the direction of the Director or the authorized designee, the food services lead shall take prompt action to correct any identified problems.

906.3.1 SAFETY INSPECTION CHECKLIST

The following items should be part of the weekly inspection:

- Lighting is adequate and functioning properly.
- Ample working space is available.
- Equipment is securely anchored.

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- There are suitable storage facilities, minimizing the risk of falling objects.
- Floors are clean, dry, even and uncluttered.
- Machines have proper enclosures and guards.
- A clear fire safety passageway is established and maintained.
- Fire extinguishers and sprinkler systems are available, not expired and are tested regularly.
- The food preparation area has good ventilation.
- Furniture and fixtures are free from sharp corners, exposed metal and splintered wood.
- All electrical equipment is in compliance with codes and regulations.
- All workers wear safe clothing, hair coverings, gloves and protective devices while working.
- All workers are in good health, with no symptoms of illness or injury that would pose a risk to food safety.
- All ranges, ovens and hot holding equipment are clean and in good operating condition.
- Mixers and attachments are clean and in good operating condition.
- Dishwashing machines are clean and in good operating condition, and proper chemicals are in use.
- Water temperatures for hand sinks, ware washing sinks and dishwashing machines meet minimum acceptable temperatures.
- Appropriate hand-washing stations are provided.
- Toilet facilities are in good repair and have a sufficient supply of toilet paper.
- All temperature charts and testing documents are current, accurate and periodically reviewed and verified by the food services manager.
- Only authorized personnel are allowed in the kitchen area.
- Foods are labeled and stored properly using the first-in first-out system.
- The refrigerators and freezers are in good operating condition and maintain proper temperature.
- There is no evidence of cross-connection or cross-contamination of the potable water system.

906.4 CONTRACTING FOR INSPECTION

The food services lead is responsible for ensuring that the food services operation works in accordance with all state and local laws and regulations.

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The Director shall contract with an independent, outside source for periodic inspection of the food services facilities and equipment, to ensure that established state and local health and safety codes have been met.

Documentation of the inspections, findings, deficiencies, recommended corrective actions and verification that the corrective standards were implemented will be maintained by the facility in accordance with established records retention schedules (WAC 44-14-03005).

A contract for services from an independent and qualified inspector should include, but is not limited to, the following components:

- (a) The inspector should conduct a pre-inspection briefing with the Director and other appropriate personnel, including the food services lead, to identify the applicable government health and safety codes and the areas to be inspected. The inspector should provide the necessary equipment to conduct the inspection.
- (b) The inspector should audit the policies and procedures of the food services operation.
- (c) During the course of the inspection, the inspector should study and report on whether the following meet acceptable standards:
 - 1. Walls, ceilings and floors are in good condition, smooth and easily cleanable.
 - 2. The kitchen layout is properly designed to avoid cross-contamination.
 - 3. The kitchen is properly lighted and ventilated.
 - 4. The temperature controlled storage areas are in good operating condition and proper temperatures are being maintained.
 - 5. Dry foods are properly stored off the floor, away from the walls and ceilings.
 - 6. There is no sign of vermin infestation.
 - 7. All equipment is properly maintained, in a sanitary condition and is certified by one of the American National Standards Institute certification agencies (e.g., Underwriters Laboratories, Extract, Transform and Load, or the National Science Foundation product certification mark).
 - 8. The dishwashing equipment is clean, in good operating condition and maintains proper washing and rinsing temperatures.
 - 9. There is no evidence of cross-contamination between the potable and contaminated water systems.
 - 10. The ware washing area is clean and supplied with proper chemicals and Material Safety Data Sheets.
 - 11. The food is properly stored, labeled and rotated according to first-in first-out procedures.
 - 12. The food services staff and inmate workers are wearing clean uniforms and practice proper personal hygiene.
 - 13. All food services workers are trained for proper food handling and there is a person in charge who is responsible for the food safety of the facility.

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Food Services Facilities Inspection

14. There are ample hand-washing stations supplied with warm water under pressure, soap,, a method to dry hands, a waste container and employee hand-washing signs.

Any deficiencies should be noted by the inspector in his/her inspection report and recommendations made for corrective action.

At the exit interview the inspector should cite any violations according to the government health and safety codes.

The inspector should conduct a follow-up inspection to verify the deficiencies have been corrected as recommended.

The food services lead should provide the Director with a plan to implement the recommended corrections in a timely manner and schedule a post-correction inspection with the original independent inspector.

Food Storage

907.1 PURPOSE AND SCOPE

The purpose of this policy is to establish food storage methods that are designed to meet manufacturer's recommendations, health and safety codes, state laws and local ordinances, and to safely preserve food, extend storage life and reduce food waste.

907.2 POLICY

Food and food supplies will be stored in sanitary and temperature-controlled areas in compliance with state and local health laws and standards.

907.3 PROCEDURES

The food services lead shall be responsible for establishing procedures to ensure the safe preservation and storage of food in the most cost-effective manner, beginning with the receipt of the raw materials through the delivery of prepared meals.

When receiving food deliveries, food services staff shall inspect the order for quality and freshness and shall ensure that the order is correct by checking the order received against the order form. All delivery vehicles shall be inspected by food services staff to make certain that the vehicles are clean, free from vermin infestations and are maintained at the appropriate temperature for the type of food being carried.

If food quality and freshness do not meet commonly accepted standards or if it is determined that proper storage temperatures have not been maintained, the employee checking the order in will refuse the item and note the refusal on the invoice.

Any food destined for return to the vendor should be stored separately from any food destined for consumption. The food services lead will contact the vendor and arrange for replacement of the unacceptable food items.

Storage temperatures in all food storage areas should be checked and logged on a daily basis. Records of the temperature readings should be maintained in accordance with established records retention schedules (WAC 44-14-03005).

An evaluation system should be established for food stored in any area with temperature readings outside the normal range and should include contingency plans for menu changes, food storage relocation or food destruction, as indicated. All actions taken to ensure the safety of the food served should be documented and retained in accordance with established records retention schedules (WAC 44-14-03005).

907.4 DRY FOOD STORAGE

Canned items and dry food that does not need refrigeration should be stored in a clean, dry, secure storage area where temperatures are maintained between 45 and 80 degrees. Temperatures shall be monitored and recorded once each day on a checklist.

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Food Storage

All dry items shall be stored at least 6 inches off the floor and at least 6 inches away from any wall. Only full unopened cans and containers shall be stored in the storerooms. Open containers and packages shall be appropriately stored in the working or holding areas.

All storage areas will be kept locked when they are not in actual use. New food shipments shall be placed behind existing like items and rotated using a first-in first-out rotation method.

Personal clothing and personal items shall not be stored in food storage areas.

907.4.1 MAINTENANCE OF DRY FOOD STORAGE AREAS

Inmate workers or staff should clean the storage areas at least once each day by sweeping and mopping all floors and wiping down shelves and walls. Any damaged items should be inspected for spoilage and repackaged or discarded as appropriate. Food services staff should inspect the storage areas to ensure they are clean and orderly. Staff will document the inspection and record the daily temperature on the storage area checklist.

907.5 REFRIGERATED AND FROZEN STORAGE

Unless health codes dictate otherwise refrigerators must be kept between 32 and 41 degrees. Deep chill refrigerators will be set between 28 and 32 degrees for cook-chill products, dairy and meat items, to extend shelf life. Other than the defrosting cycle, all freezers must maintain a temperature of 0 degrees or lower.

All freezer and refrigerator storage areas should have at least two thermometers to monitor temperatures. One thermometer should have a display visible to the outside. The second thermometer shall be placed in the warmest place inside the storage area. Daily temperature readings shall be recorded on the storage area checklist. Any variance outside of acceptable temperature range shall be immediately addressed.

All food must be covered and dated when stored. Cooked items shall not be stored beneath raw meats. Cleaned vegetables shall be stored separately from unwashed vegetables. Storage practices shall use a first-in first-out rotation method.

907.5.1 MAINTENANCE OF REFRIGERATED AND FREEZER AREAS

Refrigeration storage units should be cleaned daily, including mopping floors and wiping down walls. A more thorough cleaning should occur weekly to include dismantling and cleaning shelves. Food services staff should inspect the contents of freezers and storage units daily to ensure all items are properly sealed and labeled.

907.5.2 STORAGE OF CLEANING SUPPLIES AND MATERIALS

The storage of soaps, detergents, waxes, cleaning compounds, insect spray and any other toxic or poisonous materials are kept in a separate, locked storage area to prevent cross contamination with food and other kitchen supplies.

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Food Storage

907.6 WASTE MANAGEMENT

The food services lead shall develop and maintain a waste management plan that ensures the garbage is removed daily. This plan also should include methods to minimize the waste of edible food and to dispose of non-edible or waste food material without utilizing a landfill.

Prescribed Therapeutic Diets

908.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that inmates who require prescribed therapeutic diets as a result of a diagnosed medical condition are provided with nutritionally balanced therapeutic meals that are medically approved and meet nutritional and safety standards.

908.2 POLICY

The Health Care Authority, in consultation with the food services lead, shall:

- (a) Develop written procedures that identify individuals who are authorized to prescribe a therapeutic diet.
- (b) The therapeutic diets utilized by this facility shall be planned, prepared and served with consultation from a registered dietitian.
- (c) The Director shall comply with any therapeutic diet prescribed for an inmate.
- (d) The Director and the Health Care Authority shall ensure that the therapeutic diet manual, which includes sample menus of therapeutic diets, shall be available in both the health services and food services work areas for reference and information.

As a best practice, all therapeutic diet prescriptions should be reviewed and rewritten, if appropriate, on a quarterly basis. This is to reduce the risk of an inmate developing an adverse medical condition or nutritional effect as the result of a diet that is inconsistent with the inmate's current medical needs. A diet request form should be made available to inmates.

Pregnant or lactating women shall be provided a balanced, nutritious diet approved for pregnant women by a physician.

908.3 STAFF COMMUNICATION/COORDINATION

It is the responsibility of the health authority to compile a daily list of all inmates who are prescribed therapeutic diets. The list should contain the following information:

- (a) Inmate's name
- (b) Inmate's identification number
- (c) Housing location or dining location where the meals will be delivered
- (d) Inmate's therapeutic diet type
- (e) Special remarks or instructions

908.4 PREPARATION AND DELIVERY OF MEALS

The food services lead or the authorized designee is responsible for reviewing the therapeutic diet lists prepared by the Health Care Authority, counting the number and type of therapeutic meals to be served and preparing the food according to the therapeutic menu.

Therapeutic diets may include snacks and oral supplements. Snacks and supplements should be distributed with regularly scheduled meal service or may be distributed with inmate medications.

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Prescribed Therapeutic Diets

Individual labels or written documents containing the following information should be prepared by the kitchen, clearly identifying each meal and any included snacks:

- (a) Inmate's name
- (b) Inmate's identification number
- (c) Housing location or dining location where the meals will be delivered
- (d) Inmate's therapeutic diet type
- (e) A list of items provided for the meal

The custody staff responsible for meal distribution shall ensure that any inmate who has been prescribed a therapeutic meal by the Health Care Authority or the authorized designee receives the prescribed therapeutic meal.

Unless a therapeutic diet was prescribed with a specific end date, only the Health Care Authority or the authorized designee may order that a therapeutic diet be discontinued.

Inmates who are receiving therapeutic diets must receive clearance from the Health Care Authority before he/she may receive a religious or disciplinary diet.

If prescribed by the Health Care Authority, supplemental food shall be served to inmates more frequently than the regularly scheduled meals. An inmate who misses a regularly scheduled meal shall receive his/her prescribed meal.

908.5 THERAPEUTIC AND RELIGIOUS MEAL RECORDS

Inmates receiving authorized therapeutic diet meals and/or authorized religious diet meals must indicate:

- (a) Inmate's name
- (b) Inmate's identification number
- (c) Dates and times of service
- (d) Housing location or dining location where the meals will be delivered
- (e) Inmate's therapeutic diet type
- (f) A list of items provided for the meal

All information regarding a therapeutic diet is part of an inmate's medical record and is therefore subject to state and federal privacy laws concerning medical records.

All meal records shall be retained in accordance with established retention schedules and applicable statutory regulations (WAC 44-14-03005).

Chapter 10 - Inmate Programs

Inmate Programs

1000.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the programs and services that are available to inmates. The programs and services exist to motivate offenders toward positive behavior while they are in custody. The policy identifies the role and responsibilities of the Support Services Sergeant, who manages a range of programs and services.

1000.2 POLICY

The Chelan County Regional Justice Center will make available to inmates a variety of programs and services subject to resources and security concerns. Programs and services offered for the benefit of inmates may include faith-based services, recreational activities, educational/vocational training, alcohol and drug abuse recovery programs, kitchen inmate worker, graveyard cleaning crew, inside inmate worker and maintenance.

1000.3 SUPPORT SERVICES SERGEANT RESPONSIBILITIES

The Support Services Sergeant is selected by the Director and is responsible for managing the inmate programs and services, including the following:

- (a) Train and coordinate security requirements for all inmate programs and services.
- (b) Supervise the Education Program.
- (c) Act as a liaison with other service providers in the community that may offer social or educational programs.
- (d) Develop, maintain and make available to inmates the schedule of programs and services.
- (e) Develop policies and establish rules for the participation of inmates in the programs and services.
- (f) Develop and maintain records on the number and type of programs and services offered.
- (g) Accumulate data, prepare monthly and annual reports as directed by the Director, or as needed by Human Resources.

1000.4 SECURITY

All programs and services offered to benefit inmates shall adhere to the security and classification requirements of this facility.

1000.5 DISCLAIMER

Inmate programs are provided at the sole discretion of the Chelan County Regional Justice Center in keeping with security interests, available resources and best practices.

Nothing in this policy is intended to confer a legal right for inmates to participate in any program offered other than what is required by law or that which is medically required.

Crisis Intervention and Stabilization Services

1003.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for providing stabilization and crisis intervention services to inmates.

1003.2 POLICY

This department will provide stabilization and crisis intervention services to any inmate who either requests services or is determined by a health provider to be in need of stabilization or crisis intervention services. These services may be provided by:

- (a) Medical/mental health staff assigned to the facility.
- (b) Faith-based counseling by the chaplain or religious volunteers (see the Religious Programs Policy).
- (c) Deputies

The Director shall coordinate with the Health Care Manager and Mental Health Coordinator to develop and confidentially maintain records of counseling and crisis intervention services provided to inmates and to ensure that those records are retained in accordance with established records retention schedules (WAC 44-14-03005).

The Director shall ensure that request forms are available and provided to inmates who request stabilization services. All inmate requests for stabilization shall be forwarded to the on duty supervisor. If an inmate displays behavior indicating a need for stabilization or crisis intervention services, the facility employee shall notify the on duty supervisor. The on duty supervisor shall assess the need and area of stabilization and make a reasonable effort to provide the inmate with the requested stabilization as soon as practicable with consideration given to facility security, scheduling and available resources. Inmates who are victims of a sexual abuse or harassment incident will be informed of the availability and continuity of stabilization (28 CFR 115.82; 28 CFR 115.83).

1003.3 NON-CRISIS SERVICES

The Department shall, when reasonably practicable, make stabilization services available to assist inmates who are being released into the community, and/or upon their release provide them with information containing community resources to assist with the transition back into the community.

Inmate Mail

1008.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the receipt, rejection, inspection and sending of inmate mail.

1008.2 POLICY

This Department will provide ample opportunity for inmates to send and receive mail, subject to restriction only when there is a legitimate government interest.

1008.3 MAIL GENERALLY

Inmates may, at their own expense, send and receive mail without restrictions on quantity, provided it does not jeopardize the safety of staff, or pose an unreasonable disruption to the orderly operation of the facility.

Inmates deemed indigent, may send mail at the expense of the facility, up to 5 letters per week, provided it does not jeopardize the safety of staff, visitors, or pose an unreasonable disruption to the orderly operation of the facility.

However, inmates are only allowed to store a limited number of letters, as determined by the Director, in their cell. Excess mail will be stored with the inmate's personal property and returned at his/her release, or released to someone out of custody.

1008.4 CONFIDENTIAL CORRESPONDENCE

Inmates may correspond confidentially with courts, legal counsel, officials of this department, elected officials, jail inspectors, government officials or officers of the court. This facility will also accept and deliver a fax or interoffice mail from these entities.

Foreign nationals shall have access to the diplomatic representative of their country of citizenship. Staff shall assist in this process upon request.

Facility staff may inspect outgoing confidential correspondence for contraband before it is sealed, provided the inspection is completed in the presence of the inmate. In the event that confidential correspondence is inspected, staff shall limit the inspection to a search for physical items that may be included in addition to the correspondence and shall not read the content of the correspondence itself.

1008.5 LEGAL MAIL

1. In general, mail sent to inmates is opened and reviewed. Legal mail is confidential. However, not all mail sent from law offices qualify as Legal Mail. Mail qualifies as Legal Mail if it meets the following requirements:

- The front of the envelope is clearly marked Legal Mail or Attorney/Client or Confidential, or similar designation will be treated as Legal Mail.
- The return address on the front of the envelope must be clearly labeled with the attorney's name and title.

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- If the envelope does not comply with these requirements, it will be processed as general mail regardless of its contents.
 - Legal Mail only contain paper documents that are legal in nature. CD's and DVD's may not be sent as Legal Mail.
2. Incoming and outgoing mail must have the mailing address/return address on the front of the envelope, if the address is readily identifiable as being from or to the courts, court staff, attorneys, law enforcement officers in their official capacity, or established groups involved in representing or corresponding to inmates in judicial proceedings it will be treated as Legal Mail.
3. Incoming Legal Mail will be opened in the presence of the addressed inmate by designated jail staff. Any returned mail qualifying as Legal Mail will be opened and inspected for contraband in the inmate's presence.
4. Certified, return receipt requested, etc., on outgoing indigent Legal Mail will not be paid for by the facility.
5. If Legal Mail has been opened, and it was not in the presence of the addressed inmate, a special report will be required. The special report should include who the Legal Mail was intended for, the name of the Deputy who opened the Legal Mail, and any other pertinent information as to the circumstances the Legal Mail was not opened in front of the addressed inmate. A special report shall be completed whether or not the outside of the envelope was properly marked as Legal Mail.

1008.6 SUSPENSION/RESTRICTION OF MAIL PRIVILEGES

Mail privileges may be suspended or restricted upon approval of the Director and/or Designee whenever staff becomes aware of mail sent by an inmate that involves:

- (a) Threats of violence against any member of the government, judiciary, legal representatives, victims or witnesses.
- (b) Incoming or outgoing mail representing a threat to the security of the facility, staff or the public.

The County Prosecutor or County Attorney should be consulted in cases where criminal charges are considered against an inmate or there is an apparent liability risk to the Department that relates to suspension or restriction of mail privileges.

1008.7 PROCESSING AND INSPECTION OF MAIL BY STAFF

Staff should process incoming and outgoing mail as expeditiously as reasonably possible. All incoming and outgoing mail should be held for no more than 24 hours; packages should be held for no more than 48 hours. Mail processing may be suspended on weekends, holidays or during any emergency situation resulting in the suspension of normal facility activities. An emergency situation may include, but is not limited to, a riot, escape, fire, natural disaster, employee action or other serious incident.

Assigned deputies should open and inspect all incoming general mail of current inmates and may read the correspondence as frequently as deemed necessary to maintain security or monitor a

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Inmate Mail

particular problem. Mail for inmates no longer in custody should not be opened, and should be returned to sender.

Outgoing mail may be opened and inspected by staff, with on duty supervisor approval first, when:

- (a) There is reason to believe the mail would:
 - 1. Interfere with the orderly operation of the facility.
 - 2. Be threatening to the recipient.
 - 3. Facilitate criminal activity.
- (b) The inmate is on a restricted mail list.
- (c) The mail is between inmates.
- (d) The envelope has an incomplete return address.

When mail is found to be inappropriate in accordance with the provisions of this policy or when an inmate is sent material that is not prohibited by law but is considered contraband by the facility, the material may be returned to the sender or held in the inmate's property to be given to the inmate upon release.

Mail that contains or is suspected to contain narcotics, bio-hazard, and/or items that are prohibited by local, state or federal law will be logged and secured into an evidence locker with a copy of the Mail Denial Notice and Special Report, and scheduled for destruction 30 days from date of rejection.

Any questionable material will be given to the on-duty supervisor for review.

Inmates are only allowed to correspond with other inmates in other jails or correctional institutions, as long as;

- (a) They pay for the mailing and the mailing is sent and received through the U.S. Postal Service.
- (b) Authorized by both sending and receiving facilities.

Inmates shall be notified in writing whenever their mail is held or returned to the sender, or scheduled for destruction. Mail logs and records, justification of censoring or rejection of mail, and copies of hold or return notices shall be maintained in the inmate's file in accordance with established records retention schedules (WAC 44-14-03005).

Cash, government checks and money orders contained in incoming inmate mail shall be removed and credited to the inmate's account. Personal checks may be returned to the sender or held in the inmate's property to be given to the inmate upon release.

Senders or Incarcerated Individuals who received a Mail Denial Notice may appeal the rejection within 30 days of the date of notice. Appeals must be submitted in writing with specific reason(s) for the appeal along with a copy of the Mail Denial Notice, and submitted to the Chief of Operations or their designee for review.

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If no appeal is received, the sender may correct or remove the portion of the correspondence that violates this policy (unless it violates local, state or federal law), and re-send the non-violating mail back to the incarcerated individual.

1008.7.1 DESTRUCTION OF DENIED MAIL

All mail scheduled for destruction will be logged and secured into evidence.

1008.7.2 DESIGNATION OF STAFF AUTHORIZED TO READ MAIL

Only staff members designated by the Director or designee, are authorized to read incoming and outgoing non-confidential mail.

1008.7.3 CENSORSHIP OF INCOMING AND OUTGOING NON-CONFIDENTIAL CORRESPONDENCE

In making the determination of whether to censor incoming non-confidential correspondence, consideration shall be given to whether rejecting the material is rationally related to a legitimate government interest, and whether alternate means of communicating with others is available. The impact the correspondence may have on other inmates and jail staff is also a factor. Reasonable alternatives should be considered and an exaggerated response should be avoided; for example, discontinuing delivery of a magazine because of one article.

Outgoing non-confidential correspondence shall only be censored to further a substantial government interest, and only when it is necessary or essential to the address the particular government interest. Government interests that would justify confiscation of outgoing mail include:

- (a) Maintaining facility security.
- (b) Preventing dangerous conduct, such as an escape plan.
- (c) Preventing ongoing criminal activity, such as threats of blackmail or extortion, or other similar conduct.
- (d) Preventing harassment of those who have requested that no mail be sent to them by the inmate.

Correspondence and material identified for censorship shall be delivered to the Sergeant, who shall make the decision if such mail will be censored.

Notices should be sent to the sender of censored correspondence or publications. A single notification may be sent if the publication is received by multiple inmates.

1008.8 BOOKS, MAGAZINES, NEWSPAPERS AND PERIODICALS

Unless otherwise in conflict with this policy and prohibited by the Director, inmates are permitted to purchase, receive and read any book, newspaper, periodical or writing accepted for distribution by the U.S. Postal Service.

Publications, magazines or newspapers shall be accepted only if they are mailed directly from the publisher to a named inmate. A local daily newspaper in general circulation, shall be made available to interested inmates.

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1008.9 REJECTION OF MAGAZINES AND PERIODICALS

The Department may reject magazines, periodicals and other materials that may inhibit the reasonable safety, security and discipline in the daily operation of this facility. Generally, books, newspapers and magazines are accepted only if they are sent directly by the publisher. Materials that may be rejected include, but are not limited to:

- Materials that advocate violence or a security breach.
- Literature that could incite racial unrest.
- Sexually explicit material, including pornographic magazines, nude pictures, pictures or descriptions of sexually explicit activities.
- Obscene publications or writings and mail containing information concerning where or how such matter may be obtained; any material that would have a tendency to incite murder, arson, riot, violent racism or any other form of violence; any material that would have a tendency to incite crimes against children; any material concerning unlawful gambling or an unlawful lottery; the manufacture or use of weapons, narcotics or explosives or any other unlawful activity.
- Material that could lead to sexual aggression, an offensive environment for inmates.
- Material that could create a hostile or offensive work environment.
- Any material with content that could reasonably demonstrate a legitimate government interest in rejecting the material.

Staff shall notify the Sergeant whenever a decision is made to reject books, magazines or periodicals. The Director or the authorized designee will be responsible for making the final decision as to the specific magazines, periodicals and other materials that will be prohibited within this facility.

Religious texts not supplied by facility-authorized entities may be accepted by the chaplain or other religious volunteer who has received training on facility rules involving contraband, and who has been approved by a supervisor to review such documents for distribution.

1008.10 FORWARDING OF MAIL

Any non-legal mail received for a former inmate should be returned to the sender with a notation that the inmate is not in custody. Legal mail should be returned to the sender.

Inmate Telephone Access

1009.1 PURPOSE AND SCOPE

This policy establishes guidelines for permitting inmates to access and use of telephones.

1009.2 POLICY

This department will provide access to telephones for use by inmates consistent with federal and state law. The Director or the authorized designee shall develop written procedures establishing the guidelines for access and usage.

1009.3 PROCEDURE

Inmates housed in general population will be permitted reasonable access to public telephones at scheduled times in the dayrooms for collect calls unless such access may cause an unsafe situation for the facility, staff or other inmates. The Director shall ensure notice is given to inmates and persons receiving calls that non-attorney calls may be monitored and recorded.

Inmates are not permitted to receive telephone calls. Messages will only be delivered in the event of a verified emergency, or by permission of the on duty supervisor.

In the event of a facility emergency, or as directed by the supervisor, the Director or the authorized designee, all telephones will be turned off.

For security reasons, inmates who are awaiting transport to another facility or release to another agency are not permitted to use the telephones.

Telecommunications Device for the Deaf (TDD) or equally effective telecommunications devices will be made available to inmates who are deaf, hard of hearing or have speech impairments to allow these inmates to have equivalent telephone access as those inmates without these disabilities. Chelan County Regional Justice Center utilizes the People VRS (Video Relay Service) app on the Viapath Tablet and a TTY (Teletypewriter). These services are delivered at no cost to the inmate with these disabilities.

Reasons for denial of telephone access shall be documented and a copy placed into the inmate's file.

The staff should monitor the use of public telephones to ensure inmates have reasonable and equitable access and that the rules of use are observed. Any inmate refusing to cooperate with the telephone rules may have his/her call terminated, telephone privileges suspended and/or incur disciplinary action.

Requirements relating to the use of telephones during booking and reception are contained in the Inmate Reception Policy.

1009.4 USE OF TELEPHONES IN HIGH-SECURITY OR ADMINISTRATIVE SEGREGATION HOUSING

Inmates who are housed in high-security or administrative segregation may use the public telephones in the dayroom during the time allocated for that inmate to utilize that space. If portable

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Inmate Telephone Access

telephones are available in the facility, inmates who are housed in high-security or administrative segregation units may have reasonable access to the portable telephones.

1009.5 COURT-ORDERED TELEPHONE CALLS

If a court order specifying free telephone calls is received by the facility, or a supervisor determines there is a legitimate need for a free telephone call for a specific inmate, the supervisor may direct that an inmate use a facility telephone at no charge. Calls placed from a facility telephone should be dialed by a staff member. The staff shall be responsible for ensuring that the inmate is not calling a number that has been restricted by a court order or by request of the recipient. If an inmate has been instructed by the court to have court ordered phone calls, the on duty supervisor shall provide adequate minutes on viapath to cover those calls so the inmate does not incur those costs.

1009.6 ATTORNEY-CLIENT TELEPHONE CONSULTATION

At all times through the period of custody, whether the inmate has been charged, tried, convicted or is serving an executed sentence, reasonable and non-recorded telephone access to an attorney shall be provided to the inmate at no charge to either the attorney or to the inmate, in accordance with the Inmate Access to Courts and Counsel Policy.

Foreign nationals shall be provided access to the diplomatic representative of their country of citizenship. Staff shall assist them upon request.

1009.7 CONFERENCE CALL REGARDING CHILD PLACEMENT

Inmates who are parents shall be allowed to participate in a case conference convened pursuant to RCW 13.34.067 by either conference call or video conference.

1009.8 TELEPHONE CONTRACTS AND CHARGES

The Director or the authorized designee is responsible for ensuring that all contracts involving telephone services for inmates comply with all applicable state and federal regulations, that rates and surcharges are commensurate with those charged to the general public for similar services, and that the broadest range of calling options is provided, in accordance with sound correctional management practices.

Resources for Released Inmates

1011.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process of providing community resource information to any inmate who is being released, or requests such information, in order to assist with the transition back into the community.

1011.2 POLICY

It is the policy of this department that all inmates who are being released, or requests such information, shall be offered information containing community resources prior to their release. The information should contain, if available, the contact information for the following organizations and resources:

- Community health centers
- Employment centers
- Registry office to obtain an identification card
- Substance abuse and mental health providers
- Housing agencies
- Education agencies

Pretrial Release Program

1012.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the value relating to inmate population management that the Department places on the Pretrial Release Program, and to acknowledge the commitment of staffing, space and equipment to ensure its success. This department is committed to the treatment of inmates with the intent of increasing the likelihood of a successful return to the community, while controlling program costs and maximizing organizational efficiency.

1012.2 POLICY

It shall be the policy of the Chelan County Regional Justice Center to commit resources, when available and possible, to a Pretrial Release Program. The goals of the program are for inmates awaiting trial to secure or maintain gainful employment, to reduce costs to taxpayers for incarceration of the inmates, and to increase the likelihood of an inmate's successful return to the community.

The Director or the authorized designee shall be responsible for the staffing, space allocation and equipment requirements of the Pretrial Release Program. The following factors should be considered when selecting personnel for this assignment:

1012.3 STAFF RESPONSIBILITIES

Responsibilities of the staff member(s) assigned to the Pretrial Release Program shall include the following:

- Processing of inmates.
- Supervision of inmates using Electronic Monitoring Device.
- Collection of program fees.
- Monitor equipment for damaged/lost items.
- Documentation and reports to the court.
- Drug testing and other services, as directed by the court or other legal authority.

Staff members shall also be responsible for assisting inmates in complying with the conditions of their release, monitoring their compliance and reporting to the court any apparent violations of release conditions.

1012.4 PHYSICAL RESOURCES

The facility shall provide adequate space and equipment for:

- Staff to interview inmates.
- The collection of urine specimens.
- Urinalysis and/or drug testing equipment.

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Pretrial Release Program

1012.5 RESTRICTIONS

The Pretrial Release Program should not accept or supervise an inmate who was convicted of a violent or sex offense in the previous 10 years and is currently awaiting trial for a violent or sex offense as defined by RCW 9.94A.030, and/or escape, unless the inmate has paid bail to secure his/her release (RCW 10.21.015).

Special Programs - W/R, EHM, School Release

1013.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the guidelines and requirements for the Work Release Program, Electronic Home Monitoring (EHM) program and School Release program. These Programs allow inmates to maintain employment, support families and facilitate a successful return to the community.

1013.2 POLICY

It is the policy of this department to operate a voluntary special programs to provide inmates with opportunities to secure or maintain employment, support families, assist in the payment of fines and penalties to the court and promote a successful return to the community (RCW 70.48.210).

Release programs shall be conducted in accordance with state and local guidelines. In cases of pretrial release, the courts may have jurisdiction over release decisions.

1013.3 PROGRAM CRITERIA

Only individuals that have been sentenced and approved by the court may apply for Electronic Home Monitoring, Work Release or School Release. Program entry may be denied due to current charge, criminal history, classification, inability to meet program requirements, or past history in the program.

1. ELECTRONIC HOME MONITORING CRITERIA

- See CCRJC Fee Schedule.
- Minimum Sentence - Sentenced to minimum 7 days.
- Approval from sentencing court(s).
- Meet Jail Classification criteria.
- Meet program eligibility requirements.
- No Escape history in the last 10 years unless approved by the Director, Chief, or EHM/WR Coordinator.
- Not a registered or pre-trial sex offender unless approved by the Director, Classification, and EHM/WR Coordinator.
- Current charge not classified as a "Crime of Violence" as defined by RCW 9.94A.030 or as a "Crime against Persons" as defined by RCW 9.94A.411(2).
- Specific charges that would disqualify from the EHM program will be maintained in the Work Release Office.
- Classify as minimum custody.
- Meet conditions of RCW 9.94A.734.
- Employment eligibility is based on Labor & Industries standards.

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Special Programs - W/R, EHM, School Release

- Live and remain in Chelan/Douglas Counties. Surrounding counties may be approved on a case-by-case basis.
- No earned early release credit (good time) earned while on program.
- Abstain from use of drugs and alcohol. All medications must be prescribed by a physician. (See EHM contract).
- Medical marijuana will not be allowed while on this program.
- Medical expenses are the sole responsibility of the participant.
- Self-Employment acceptable with the following criteria:
 - Business established prior to sentencing.
 - Business must meet Labor & Industries criteria.
 - Work schedule as arranged by Programs staff.
 - Must provide copy of current business license.
- Weekly fees must remain paid in advance.
- Unemployment is not allowed unless authorized by program staff per RCW 9.9A.734.
- Working as an employee of another inmate currently in custody is not allowed.
- No current domestic violence crimes involving a valid No-Contact Order with domestic live-in partner.
- Must agree to all program "Conditions". Any violation of these conditions may result in revocation from the program.
- "Voluntary Permission to Search" form must be signed.
- EHM Program: Access to electricity and cell phone required.
- Revocation from program will result in transfer to detention facility, and may jeopardize your ability to qualify for a program in the future.

2. WORK RELEASE PROGRAM CRITERIA

- See CCRJC Fee Schedule.
- Minimum Sentence - Sentenced to minimum 7 days.
- Approval from sentencing court(s).
- Meet Jail Classification criteria.
- Meet program eligibility requirements.
- No escape history in the last 10 years unless approved by the Director, Chief, or EHM/WR Coordinator.
- Not a registered or pre-trial sex offender unless approved by the Director, Classification, and EHM/WR Coordinator.

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Special Programs - W/R, EHM, School Release

- Current charge not classified as a "Crime of Violence" as defined by RCW 9.94A.030 or as a "Crime against Persons" as defined by RCW 9.94A.411(2).
- Specific charges that would disqualify from the Work Release program will be maintained in the Work Release Office.
- Classify as minimum custody.
- Employment must remain in Chelan/Douglas Counties. Other counties may be approved by EHM/WR Coordinator.
- Earned early release credit (good time) earned while on program.
- No use of alcohol is allowed. All medications must be prescribed by a physician.
- No narcotic prescriptions/medicinal marijuana prescriptions allowed while on the Work Release Program (See W/R contract).
- Work Release participants will receive medical/dental/mental health care through CCRJC unless approved by CCRJC medical staff.
- Weekly fees are to remain paid in advance.
- Self-Employment acceptable with the following criteria:
 - Business established prior to sentencing.
 - Business must meet Labor & Industries criteria.
 - Work schedule as arranged by Program staff.
 - Must provide copy of current business license.
- Must be employed to qualify for the W/R Program.
- Must agree to all program "Conditions". Any violation of these conditions will result in revocation from the program.
- Working as an employee of another inmate currently in custody is not allowed.

3. SCHOOL RELEASE PROGRAM CRITERIA

- See CCRJC Fee Schedule.
- Minimum Sentence - Sentenced to minimum 7 days.
- Approval from sentencing court(s).
- Meet Jail Classification criteria.
- Meet program eligibility requirements.
- No escape history in the last 10 years unless approved by the Director, Chief, or EHM/WR Coordinator.
- Not a registered or pre-trial sex offender unless approved by the Director, Classification, and EHM/WR coordinator.
- Classify as minimum custody.

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- Current charge not classified as "Crime of Violence" as defined by RCW 9.94A.030 or as a "Crime against Persons" as defined by RCW 9.94A.411(2).
- Specific charges that would disqualify from the School Release program will be maintained in the Work Release Office.
- School must be located in Chelan/Douglas counties. Any other counties must be approved by the EHM/WR Coordinator.
- Must be enrolled as a full time student unless approved by EHM/WR Coordinator.
- Must provide class schedules and times.
- Must complete courses as registered with a passing grade.
- No school sports programs.
- Not allowed to hold a school office.
- Must sign a releases allowing program staff to access school record information.
- Employment may be approved by EHM/WR Coordinator.
- If employed, working as an employee of another inmate currently in custody is not allowed.
- Must agree to the program "Conditions". Any violation of these conditions will result in revocation from the program.
- No use of alcohol allowed and all prescriptions must be prescribed by a physician.
- No narcotic prescriptions/medical marijuana prescriptions allowed while on the School Release Program (See WR Contract).
- School Release participants will receive medical/dental/mental health through CCRJC unless approved by CCRJC medical staff.
- Earned early release credit (good time) earned while on program.

4. Processing Appointments Procedures

Contact the WR/EHM office within 72 hours of sentencing and program approval. Eligibility will depend on meeting program requirements, completing the urinalysis testing, classification criteria, and previous involvement in the program and/or criminal history. Processing steps are as follows once program staff has reviewed the court paperwork:

- Documents needed for processing:
 - An Employer Affidavit form signed by supervisor or employer.
 - An employment pay stub to verify wages, if applicable.
 - Prescription medication in original containers.
 - Driver information: Name of driver, valid Washington state driver's license, vehicle registration/description and proof of insurance.
 - If using the transportation system: Bus #, route and schedule.

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- An interpreter if you do not read/write English.
- If self-employed, a copy of your current business license.

1013.3.1 HOUSING

Inmates participating in the Work Release and School Release Program should be housed in an area other than general population housing, if available, to reduce the possibility of contraband entering the facility. Inmates in the program may either return to separate housing within the facility's secure perimeter or may be housed in a facility outside the secure perimeter. Factors to consider when determining appropriate housing for program participants include the following:

- Current occupancy
- Housing options and security capabilities outside the secure perimeter of the facility
- Number of inmates approved to participate in the program

1013.3.2 FINANCIAL MANAGEMENT

All inmates who participate in the Work Release Program shall ensure that the appropriate funds are deposited into their inmate account. Funds from the inmate account will be subtracted for room and board, program drug testing, booking fees, and other appropriate expenses. Fines to the court, victim restitution, allowances to help pay family financial obligations, and funds for a savings account may also be taken from the account with the permission of the inmate, court order, or state law (RCW 72.11.020; RCW 72.65.020; RCW 72.65.050).

1013.3.3 EMPLOYER VERIFICATION

The Work Release/EHM Program staff shall make scheduled telephone calls and random site visits to the inmate's employer to ensure compliance with the rules of the program.

1013.3.4 PROGRAM CONFLICTS

The Work Release/EHM Program staff shall make every attempt to ensure the inmate's work schedule does not conflict with his/her required participation in any court ordered treatment programs.

1013.3.5 DRUG TESTING

Random and scheduled drug testing shall be conducted on all inmates participating in the Work Release, Electronic Home Monitoring or School Release programs. Any positive results may cause the inmate's disqualification from the program, as well as disciplinary sanctions or criminal charges, if warranted.

1013.4 RECORDS

The following records shall be maintained by the Director or the authorized designee on all inmates participating in the Work Release Program and retained in accordance with the department established records retention schedule (WAC 44-14-03005):

- (a) All payments and accounting associated with the Work Release Program

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- (b) All contacts between the staff and employers prior to releasing inmates to work and confirming all employment information
- (c) All daily logs of time worked and payments received

1013.5 REVIEW HEARING

The EHM/WR Coordinator and any supervisor has the authority to change housing assignments for special programs inmates due to violation of program rules.

If revoked from the Chelan County Regional Justice Center work release program, you may submit a request for a review hearing to the Support Services Sergeant within seven (7) days of revocation. This review hearing is an opportunity for the revoked inmate to attempt at getting back on the program. The Support Services Sergeant will coordinate a review hearing as soon as possible. The review hearing will consist of three (3) staff members, typically includes the EHM/WR Coordinator, Programs Sergeant, and or designee, who will base their decision on any available reports, evidence and inmate testimony. The inmate may appeal the committee's decision to the Chief of Administration.

Religious Programs

1014.1 PURPOSE AND SCOPE

This policy provides guidance regarding the right of inmates to exercise their religion and for evaluating accommodation requests for faith-based religious practices of inmates.

1014.1.1 DEFINITIONS

Definitions related to this policy include:

Compelling government interest - A method for determining the constitutionality of a policy that restricts the practice of a fundamental right. In order for such a policy to be valid, there must be a compelling government interest, which is necessary or crucial to the mission of the Department, as opposed to something merely preferred, that can be furthered only by the policy under review.

Least restrictive means - A standard imposed by the courts when considering the validity of policies that touch upon constitutional interests. If the Department adopts a policy that restricts a fundamental religious liberty, it must employ the least restrictive measures possible to achieve its goal.

Religious exercise - Any exercise of religion, whether or not it is compelled by, or central to, a system of religious belief. The key is not what a faith requires but whether the practice is included in the inmate's sincerely held religious beliefs.

Substantial burden - For the purposes of this policy, substantial burden means either of the following:

- A restriction or requirement imposed by the Department that places an inmate in a position of having to choose between following the precepts of his/her religion and forfeiting benefits otherwise generally available to other inmates, or having to abandon one of the precepts of his/her religion in order to receive a benefit.
- The Department puts considerable pressure on an inmate to substantially modify his/her behavior in violation of his/her beliefs.

1014.2 POLICY

This department permits inmates to engage in the lawful practices and observances of their sincerely held religious beliefs consistent with the legitimate penological objectives of the facility. Facility staff will not allow their personal religious beliefs to influence them in the daily management of the inmate population, particularly as it relates to religious practices. This department shall not show favoritism or preference to any religion and will not discriminate or retaliate against any inmate for participating or not participating in any religion or religious practice. Inmates are not required to participate in religious programs or activities.

1014.3 CHAPLAIN

The Director shall appoint an individual to serve as the chaplain to coordinate religious activities in the facility.

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The chaplain shall be responsible for assisting the Director and/or designee with planning, directing and supervising all aspects of the religious program. The chaplain may be responsible for duties including, but not be limited to:

- (a) Coordination of religious services.
- (b) Maintaining a list of accepted religious practices that have been approved by the Director and ensure the current list is available to the staff.
- (c) Reviewing requests for religious accommodations.
- (d) Approval and coordination of training lay clergy and religious volunteers.
- (e) Providing or arranging for grief counseling for inmates.
- (f) Distribution of a variety of religious texts.
- (g) Developing and maintaining liaison with a variety of religious faiths in the community.
- (h) Making reasonable efforts to enlist religious leaders from outside the community as necessary.
- (i) Seeking donations for religious programs from the community, when approved by the Director and/or designee.
- (j) Working with inmate families when requested.
- (k) Providing guidance to the Director and/or designee on issues related to religious observance.

1014.4 RELIGIOUS BELIEFS AND ACCOMMODATION REQUESTS

Inmates are not required to identify or express a religious belief. An inmate may designate any belief, or no belief, during the intake process and may change a designation at any time by declaring their religious belief in writing to the chaplain. Inmates seeking to engage in religious practices shall submit a request through the established process. Requests to engage in practices that are on the facility's list of accepted practices should be granted. Requests to engage in religious practices that are not on the approved list shall be processed as provided in this policy.

All requests for accommodation of religious practices shall be treated equally, regardless of the religion that is involved. Equal and consistent treatment of all religions and religious beliefs shall not always require that all inmates of the same religion receive the same accommodations. Requests for accommodation of religious practices shall be submitted to a staff member. In determining whether to grant or deny a request for accommodation of a religious practice, the Program coordinator will work with the chaplain to determine the sincerity of the religious claim of an inmate. Requests should be denied only if the denial or reason for denial would further a compelling interest of the facility and is the least restrictive means of furthering that compelling interest.

If the Program coordinator does not grant the accommodation, either in part or in full, should promptly forward the request to the Chief of Administration, who, after consultation with legal

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counsel as appropriate, should make a determination regarding the request within 10 days following the inmate's request.

The Chief of Administration who does not grant an accommodation, either in part or in full, should forward the request to the Director with the basis for the denial within 14 days of the inmate's original request being made. The Director or the authorized designee will review the denial and respond to the requesting inmate as soon as reasonably practicable.

The Director and the Program coordinator shall be informed of all approved accommodations. The chaplain should make any necessary notifications to staff as necessary to meet an approved accommodation.

All inmate requests for religious accommodations and related determinations shall be fully documented in the inmate's record.

1014.4.1 SUSPENSION OR REVOCATION OF ACCOMMODATIONS

In an emergency or extended disruption of normal facility operations, the Director may suspend any religious accommodation. The Director may also revoke or modify an approved religious accommodation if the accommodated inmate violates the terms or conditions under which the accommodation was granted.

1014.4.2 APPEALS OF SUSPENSION OR REVOCATION OF ACCOMMODATIONS

Inmates may appeal the Director's denial, suspension or revocation of an accommodation through the inmate appeal process.

1014.5 DIETS AND MEAL SERVICE

The Director should provide inmates requesting a religious diet, including fasting and/or hour of dining, a reasonable and equitable opportunity to observe their religious dietary practice. This should be done within budgetary constraints and be consistent with the security and orderly management of the facility. The Chief of Administration and/or designee shall provide a list of inmates authorized to receive religious diets to the kitchen lead(s). The kitchen lead(s) shall establish a process for managing religious meal accommodations.

1014.6 HAIRSTYLES AND GROOMING

Unless it is necessary for the health and sanitation of the facility, inmates who wear head and facial hair in the observance of their religion will generally not be required to shave or cut their hair. To the extent reasonably practicable, alternative housing may be considered to accommodate the need for religious hair and grooming, while meeting the health and sanitation needs of the facility.

Any inmate whose appearance is substantially altered due to changes in facial hair or hair length may be required to submit to additional identification photographs.

1014.7 RELIGIOUS TEXTS

Religious texts should be provided to the requesting inmate, if available and if the texts do not pose a threat to the safety, security and orderly management of the facility.

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1014.8 UNAUTHORIZED PRACTICES OR MATERIAL

The following list, which is not intended to be exhaustive, includes materials or practices that shall not be authorized:

- (a) Animal sacrifice
- (b) Language or behaviors that could reasonably be construed as presenting a threat to facility safety or security
- (c) Self-mutilation
- (d) Use, display or possession of weapons
- (e) Self-defense or military training
- (f) Disparagement of other religions
- (g) Nudity or sexual acts
- (h) Profanity
- (i) Use of illegal substances or controlled substances without a prescription

1014.9 GROUP RELIGIOUS SERVICES

Group religious services may be allowed after due consideration of the inmate's classification or other concerns that may adversely affect the order, safety and security of the facility.

Alternatives to attendance of group religious services may include, but are not limited to:

- The provision of religious books and reading materials.
- Access to religious counselors.
- Recorded religious media (e.g., DVDs, CDs, video tapes).

1014.10 RELIGIOUS SYMBOLS AND IMPLEMENTS

Religious symbols and implements used in the exercise of religion should generally be allowed unless the symbol or implement poses a threat to the safety and security of the facility. Alternatives to the provision of religious symbols and implements may be considered when security, safety or efficient operations may be jeopardized (e.g., substitution of a towel in lieu of a prayer rug).

1014.11 RELIGIOUS GARMENTS AND CLOTHING

Inmates who practice a religion that requires particular modes of dress, garments, headgear, etc., other than standard-issue clothing, should generally be accommodated subject to the need to identify inmates and maintain security.

Head coverings shall be searched before being worn in the housing areas of the facility and shall be subject to random searches for contraband. Personal head coverings should be exchanged in favor of department-supplied head coverings when available and appropriate.

Inmates wearing headscarves or other approved coverings shall not be required to remove them while in the presence of or while visible to the opposite sex, if they so desire. Religious garments

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that substantially cover the inmate's head and face shall be temporarily removed during the taking of booking and identification photographs.

To the extent reasonably practicable, alternative housing may be considered to accommodate an inmate's need for religious attire, while meeting the security needs of the facility.

1014.12 FAITH- AND MORALS-BASED COUNSELING

The Director shall be responsible for establishing a plan for inmates to receive faith- and morals-based counseling from the chaplain or religious volunteers. Inmates should be reasonably accommodated, including reasonable access to clergy members and spiritual advisers, volunteer religious organizations, faith- and morals-based programs and other secular volunteer programs.

No inmate shall be required to participate in any such program.

1014.13 SPACE AND EQUIPMENT FOR RELIGIOUS OBSERVANCES

The Director shall ensure that there is adequate work space, equipment and furnishings for the chaplain to serve the inmate population, including providing access to areas of the facility. Space for group worship will be dictated by the availability of secure areas and the classification status of the inmates to be served. All recognized religious groups should have equal access to the space, equipment and services which the facility normally provides for religious purposes.

1014.14 COMMUNITY RESOURCES

The chaplain may minister his/her particular faith and any other similar faiths to inmates but should also establish contacts with clergy of other faiths, who can provide services to inmates of other religious denominations.

Whenever the chaplain is unable to represent or provide faith-based services to an inmate, a religious leader or other volunteer from the community should be sought to help provide services. Individuals providing faith-based services must possess the appropriate credentials from the recognized leadership of the particular faith. All faith-based services provided through community resources should be supervised by the chaplain. All efforts to contact faith-based representatives should be documented and retained in accordance with established records retention schedules.

Volunteers are another valuable resource that could be utilized extensively in the delivery of the religious program (see the Volunteer Program Policy). A volunteer could ensure that religious personnel who provide programming in the facility possess the required credentials and have the security clearance to enter the facility.

The chaplain, in cooperation with the Director or the authorized designee, shall develop and maintain communication with faith communities. The chaplain shall review offers to donate equipment or materials for use in the religious program and shall approve these offers when appropriate. All communication efforts should be documented and retained in accordance with established records retention schedules.

1014.15 TRAINING

The Department shall provide training to facility staff on the requirements of this policy.

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The Department shall also provide training in safety and security to the chaplain. The chaplain and department shall approve and train lay and clergy volunteers from the faiths represented in the inmate population. This includes the preparation of a training curriculum, as well as the development and maintenance of training records.

Chapter 11 - Facility Design

Control Room

1102.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a 24-hour secure control room for monitoring and coordinating the facility's security and communications systems, including aspects of communications and monitoring capabilities.

1102.2 POLICY

It is the policy of this department to provide sufficient space for a 24-hour secure control room, which shall be staffed continuously for the purpose of monitoring and coordinating the facility's security, and communications systems. It is the responsibility of the Director or authorized designee to ensure that current written orders for the Control Room post are available. The Director or the authorized designee shall review post orders annually and update them as needed.

1102.3 COMMUNICATIONS AND MONITORING CAPABILITIES

Control Room shall have multiple means of direct communication capabilities with all staff control stations in inmate housing areas, including telephone, intercom and radio.

The Control Room staff shall be responsible for use of electronically operated doors in conjunction with video cameras, fire and sound alarms monitors throughout the jail, cell call lights, and perimeter doors and shall have the means to summon assistance in the event of an emergency.

1102.4 POST ORDERS

Comprehensive post orders for all shifts in control should be updated and maintained in the control room. These post orders should be readily available for all staff to review if necessary.

1102.5 TRAINING

All training should be documented in each employee's training file and retained in accordance with established records retention schedules (WAC 44-14-03005). Training files are maintained by the Professional Services Sergeant.

Chapter 12 - Recruitment Selection and Planning

Hiring Process

1200.1 TESTING

Each applicant who is applying for the position of Corrections Deputy must first register and test with Public Safety Testing (PST). Applicants must pick a testing site and sign up for that day. Applicants must also decide which agencies they want to have their test scores sent to on the day of the test. Applicants must receive a passing score of 70% on the written exam to be eligible to take the physical ability test (PAT). The physical ability test will be conducted immediately following the written examination for those who received a passing score on the written examination. Most agencies require a passing score of 70% on the written examination, but each agency has the ability to set their own passing score.

Lateral Corrections Deputies will not be required to take the Public Safety Testing requirements, unless they have been separated from employment for over two years.

Out of state laterals will be reviewed on a case by case basis by the Washington State Criminal Justice Training Commission.

Applicants who are not applying for a Corrections Deputy position will not be required to test with Public Safety Testing (PST).

1200.2 PERSONAL HISTORY STATEMENT

The Personal History Statement (PHS) is designed to assist public agencies in the background investigations of candidates. We require the Personal History Statement to be completed and reviewed before bringing in candidates for interviews. The Personal History Statement is required of anyone who is applying for any position with the Chelan County Regional Justice Center.

1200.3 EMPLOYMENT STANDARDS/BACKGROUND INVESTIGATION

Employment standards and background investigations will be in accordance with Lexipol Policy 303 (Recruitment and Selection).

1200.4 RECRUITMENT AND SELECTION

Recruitment and selection will be in accordance with Lexipol Policy 303 (Recruitment and Selection)>

1200.5 CORRECTIONS OFFICER ACADEMY

Every new Corrections Deputy will be required to successfully attend and pass the Criminal Justice Training Commission's 10-week Corrections Officers Academy.

Lateral Corrections Deputies who have successfully completed and passed the Washington State Criminal Justice Training Commissions Corrections Officers Academy will not be required to attend again, as long as they have not been separated from employment for over two years. If lateral Corrections Deputies have been separated from employment for over two years, they may be required to attend the two week Corrections Officers Equivalency Academy. The final decision for

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lateral applicants will be based on recommendations from the Washington State Criminal Justice Training Commission.

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Attachments

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